



Cabrini Practice OSCE 6

Candidate's information

You are working in the resuscitation area of your department when a 10 week old male infant arrives by ambulance. His mother (Anne) called an ambulance after her son (Ben) went stiff in her arms and was unresponsive.

When paramedics arrived about 5 minutes later, Ben was found cyanosed with tone now floppy, but responded quickly to ventilation with a Bag/Valve/Mask. ECG monitoring by the paramedics recorded a pulse rate of 100 initially, rising to 145 as the cyanosis improved.

The infant is now warm, pink and being cared for on a resuscitaire. His observations are all within normal limits for age. His physical exam is completely normal. His weight is 4500 grams.

Your tasks:

1. Take a history from the mother Anne (role player) and answer any questions
2. Develop a further management plan and explain this to the mother

Domains Examined:

Medical expertise:

History	40%
Management	30%
Communication -	30%



Confederate information

Your name is Anne.

You are the mother of Ben, a 10-week-old boy.

Ben was born at 38 weeks after an uncomplicated pregnancy.

Normal vaginal delivery. Birth weight 3300 grams. Group B strep -ve.

No special care requirements post-delivery, home day 1, good weight gain at each check since then.

This morning, you fed Ben and changed his nappy, then carried him to his cot. You felt him go stiff in your arms and his eyes rolled back, he was unresponsive for at least 1 minute, maybe a little bit longer. You called 000 and an ambulance arrived about 5 minutes later. Ben was a blue colour, but the stiffness had relaxed. The paramedics helped him breathe with a mask and bag and after a few minutes he was pink and crying.

Ben has been well since birth but did have a similar episode like today one week ago – suddenly very stiff and unresponsive, but then returned to normal almost immediately. You were waiting until your GP appointment to mention this.

Ben has been well without any respiratory symptoms, feeding normally - bottle fed, 120 mls every 3-4 hours. Wet nappies as usual. Does have some regurgitation after feeds but a small amount only. Bowel motions are a mustard colour, and soft.

Everyone else in the household has been well, no unwell contacts.

No history of sudden death in the family. 1 older child (5 years old) healthy.

You are clearly very distressed and concerned, but able to interact normally with the candidate.

Questions for you to deliver:

At 5.00 to 5.30mins: What caused this to happen?

At 6.00 mins: Does Ben need to stay in hospital? Will he need any tests?



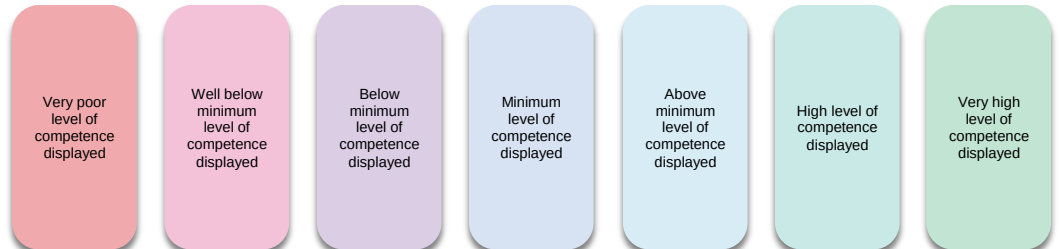
Cabrini

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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 – Hx	☐	☐	☐	☐	☐	☐	☐
Medical Expertise – Mx	☐	☐	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐	☐	☐

[Detailed assessment criteria](#)

Medical Expertise – History 40%

- Obtains relevant and detailed history of the event, including description of event, duration, circumstances & environment prior to event (eg awake/asleep, feeding, vomiting), illness in preceding days, circumstances of cessation.
- Obtains history of pregnancy/delivery/infancy, including born at term, birth weight, weight gain during infancy, dev. milestones eg able to lift head during tummy time, smiles, eyes track past midline.
- Feeding, wet nappies, features of upper respiratory infection? Fever? Seizure? Past episodes? Sick contacts?
- Medications, allergies, social hx – parental supports, psychosocial assessment.
- Recognizes that this was an event with high risk features that will require admission and further workup: event >1 minute duration, profound cyanosis, required BMV at the scene, previous episode.

Medical Expertise – Management 30%

- Ix NPA for respiratory viruses including RSV & COVID, pertussis. ECG. Path including BGL, FBE, UEC reasonable, others with justific.
- E.g. calcium, VBG, imaging (focal sz, signs incr ICP), EEG (epilepsy), septic screen if clinical signs change (currently no indication of this).
- Outlines plan for ongoing care - admission for observation with above ix discussed.

Communication 30%

- Clear and concise without jargon.
- Confident, calm approach.
- Empathy to mother.



Station Summary: History - BRUE

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:

Reference: RCH clinical guidelines – BRUE (with high risk features = admit, further ix)

https://www.rch.org.au/clinicalguide/guideline_index/Brief_Resolved_Unexplained_Event_BRUE/