

1. Lead examiner

Candidate Number:

2. Co-examiner

Total Mark:

SCENARIO

A 4 month-old girl is referred to your urban district ED by a GP, after a fall. She is accompanied by her mother, but details of the fall are not clear. The baby appears normal except for a left parietal scalp haematoma.

Question 1: Describe the key points in your history and examination.**(2 minutes)**

Expected Response	Details & Comments	
Collateral hx important. Liaise with GP and other sources High risk features of NAI: - History of abuse - Low socio-economic status - Unemployment "Blended" family - Family psychiatric history - Family drug history - Child or siblings known to authorities		
Aims Need 8 items that address the 4 aims Must mention NAI	Cause of injury; mechanism Severity of head injury; complications Associated injuries: if NAI, older injuries and/or those suggestive of intentional harm Other features of child at risk: developmental delay, malnutrition	
History	HOPC – consistency of injury with mechanism Other injuries sustained Past History: ? other injuries Developmental history Social circumstances: socio-economic status, illicit drug dependence, other dependents Consistencies in mother's history; correlation with other sources	
Examination: Child	Observe mother's interaction with child Vital signs & GCS Neurological examination including fundoscopy for retinal haemorrhages Developmental: physical (height, weight & head circumference) and neurological General examination: - Signs of neglect (general hygiene, dermatitis, poor clothing, poor medical care, malnutrition) - Bruising, burns, old fractures and injuries	
Mother	Behaviour: detached, depressed, hostile, defensive Drug affected Unkempt Poor eye contact	

Question 2: The child has no other obvious injuries, but you are concerned the haematoma is a non-accidental injury. DISCUSS the role of imaging for this patient.

(1.5 minutes)

Expected Response	Details & Comments	
CT Brain CT plus one other with reasonable pros and cons	Pros: Diagnose significant ICH, parenchymal brain injury or skull #s Directs immediate neurological management May show old injuries Cons: Requires sedation +/- definitive airway Needs mother's cooperation Radiation exposure; radio-contrast reaction	
Skull XR	Pros: Less radiation, readily accessible, no need for sedation Cons: No information on intracranial bleeding etc	
Skeletal Survey	Pros: whole skeletal assessment; may detect associated current or previous bony injuries Available; simple procedure for infant Cons: Radiation exposure	
Other	Cranial US for ICH: bedside, non invasive. Requires expertise; operator dependent. CT other regions, but no indications in this case, as otherwise uninjured.	

Question 3: A CT brain of this child has been performed. Describe and interpret this CT. (1.5 minutes)

Expected Response	Details & Comments
1 supra-tentorial slices.	
Findings	High attenuation in left frontal subdural space, suggestive of blood ? acute subdural haemorrhage ? frontal lobe contusion ? extradural ? any Bilateral subdural hygromas: larger on left, with fronto-parietal involvement.
Relevant negatives	No mass effect ; no other areas of acute haemorrhage, including contra-coup injury. No skull fracture evident. Needs evaluation of full series.
Interpretation	Acute intracranial injury Acute on chronic subdural haematoma Consistent with acute blunt trauma to L side , and previous similar injury. In clinical context, these injuries heighten the probability of NAI. Is at risk. Child requires admission with neurosurgical input
	Needs review of full series.
	Needs activation of child protection resources.

Question 4: Before you can undertake further assessment, the mother wants to take the child home, refusing to stay. Outline your response to this situation. (2 minutes)

Expected Response	Details & Comments	
Issues	Sufficient suspicion NAI: Duty of Care to child, & potentially other dependents Attempt persuasion of mother first Enforce actions if above fails Medico-legal issues Recruit expert help Needs activation of child protection resources. Potential safety of staff at risk	
Persuade mother	Inform them of diagnosis, required Mx and intentions Advise of options if still refuses Ensure safety of staff: enlist security staff if required Enlist other resource to discuss with mother: nursing, social work, GP	
Enforcement	If required	
Medico-legal issues	Mandatory reporting in some states / jurisdictions Notify police Documentation: may include clinical photography Alert child protection services: care of other dependents	
Recruit help	Social work, Paediatrics May need transfer if services unavailable at urban district ED	
Support staff	Potentially distressing for staff Debrief post event	

Need to pass three out of four questions to pass SCE (unless serious error in failed question)

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

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

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