



Cabrini Practice OSCE 1

Candidate Instructions:

This station is a **Simulation Standardised Case-Based Discussion**. You will be interacting directly with an Examiner. You will be asked to outline your assessment and management of the following clinical situation, including how you would interact with the team and how you would perform your duties as you would in your clinical practice. Further information will be provided as the case evolves. The examiner will be assessing your medical knowledge as well as your reasoning and rationale to your approach and decisions.

Please be as specific as possible when answering. For example, when discussing drugs, describe your dosage regimen and the reasons why you chose that regimen, as opposed to other regimens.

Case Information:

You are the consultant in charge of a mixed Adult/Paediatric Regional ED. You have onsite general surgery but no trauma unit or interventional radiology.

You are called into the resuscitation bay to assist your team manage a trauma patient:

He is a 6 year old male pedestrian who has been hit by a car at 40km/hr.

He has injuries to his right side.

His weight is 20kg

There are no covid concerns with this patient.

Your team consists of an ED Registrar and 2 resuscitation nurses.

Your ED Registrar has completed a primary survey with the following findings:

- A- Clear, Cervical collar applied
- B- Clear lungs bilaterally, RR 28, O2 Sats 99% on room air
- C- HR 170 BP 80/40, pale, reduced cap refill, no external bleeding
- D- GCS 15 PEARL
- E- Temperature 36.2

Domains

Medical Expertise:

Assessment/Management	60%
Teamwork and collaboration	20%
Prioritization and Decision Making	20%



Examiner instructions:

Case Information:

You are the consultant in charge of a mixed Adult/Paediatric Regional ED. You have onsite general surgery but no trauma unit or interventional radiology.

You are called into the resuscitation bay to assist your team manage a trauma patient:

He is a 6 year old male pedestrian who has been hit by a car at 40km/hr.

He has injuries to his trunk.

His weight is 20kg

Your team consists of an ED Registrar and 2 resuscitation nurses.

Your ED Registrar has completed a primary survey with the following findings:

- A- Clear, Cervical collar applied
- B- Clear lungs bilaterally, RR 28, O2 Sats 99% on room air
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0-2:30 mins Stage 1: Initial assessment and resuscitation:

"Describe how you would approach this situation"

The candidate is expected to introduce themselves, call for help, allocate roles and lead the resuscitation.

Primary Survey and expected initial management:

A - clear Cx collar on

B – Clear lungs bilaterally 28, O2 Sats 99% on room air – *can apply O2 for haemorrhagic shock*

C – HR 170 BP 80/40, pale, reduced cap refill, no external bleeding – *bilat IV access 20 gauge or larger, bloods- VBG, Group and Xmatch, FBE, UEC, LFT, Coags,*

IV Fluid bolus 10-20ml/kg crystalloid eg Normal saline/Hartman's

Tranexamic acid (no evidence in paed for dose or efficacy) eg dose 15mg/kg tranexamic acid loading dose (max 1g) over 10 minutes followed by 2mg/kg per hour

D- GCS 15 PEARL

E Temperature 36.2 – *maintain normo-thermia*

Adjuncts to Primary survey:

-Bloods only Group and Xmatch 2-4 units, may call for Massive Transfusion Pack but report that blood will be 5 mins and other products 15 mins

-**PXR – hand to candidate when asked for** - shows pubic symphysis disruption and widening of the Left SI-joint in combination with bilateral acetabular fractures and # R NOF - expected response- pelvic binder

-if asked for CXR - inform candidate that it is normal

-eFAST(accept as part of C- note: evidence limited for use of FAST in Paeds) – Registrar reports +ve FAST with free fluid in Morrison's pouch and pelvis– candidate to consider liver laceration

-Analgesia- eg iv fentanyl 0.5 mcg/kg = 10mcg

2:30-5:00 mins Stage 2 Deterioration: BP drops due to hemorrhagic shock from intra-abdominal bleeding

'After a few minutes his new vital signs and clinical findings are:'(hand to candidate)

HR 190

BP 60/30

RR 35

O2 sats 98% on 15L O2

Secondary Survey Findings –

R abdominal bruising, no open wounds

Pelvis unstable and tender

No other injuries head/neck/spine/limbs/back/chest

'How would you manage him now?'

Expected actions-

Aggressive resuscitation for hemorrhagic shock-

Repeat IV Fluid bolus 10-20ml/kg crystalloid eg Normal saline/Hartman's or O negative blood at least 2 units stat (ideally at same time through bilat cannulas) call for FFP/Platelets

Ask for aims of resus eg BP and if mentioned ask about hypotensive resuscitation, also aims for Massive Transfusion ($T > 35^{\circ}\text{C}$, $\text{pH} > 7.2$, $\text{BE} < -6$, lactate $< 4 \text{ mmol/L}$, $\text{iCa} > 1.1 \text{ mmol/L}$, $\text{Plat} \geq 50 \times 10^9 /\text{L}$, $\text{PT/APTT} \leq 1.5 \times \text{normal}$, Fibrinogen $\geq 1.0 \text{ g/L}$)

Urgent Surgical Referral

5-7mins Stage 3 Disposition:

'The surgeon has arrived in ED and asks you how he can help. How would you respond to him?'

Expected response:

6 year old pedestrian vs car - hemorrhagic shock from intraperitoneal hemorrhage and pelvic fracture.

Requires ongoing resuscitation, urgent laparotomy to control intra-abdominal hemorrhage and to pack the pelvis.

Will then need transfer to trauma center.

'The surgeon is reluctant to take the patient directly to theatre. He is concerned about a pelvic fracture causing shock. He also requests a CT scan before transfer to theatre. How would you respond to these requests?'

Expected response is – pelvis may be causing bleeding (binder applied) but Tom needs an urgent laparotomy since proven intra-abdominal hemorrhage and can pack pelvis. Can arrange orthopedic surgeon to attend theatre also. No Interventional radiology available.

Will need transfer to trauma center post op once stabilized.

Surgeon agrees to take Tom directly to theatre





New Vital signs and clinical findings:

HR	190
BP	60/30
RR	35
O2 sats	98% on 15L O2

Secondary Survey Findings –

- R abdominal bruising, no open wounds
- Pelvis unstable and tender
- No other injuries head/neck/spine/limbs/back/chest

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

Very poor level of competency displayed	Well below minimum level of competency displayed	Below minimum level of competency displayed	Minimum level of competency displayed	Above minimum level of competency displayed	High level of competency displayed	Very high level of competency displayed
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Please rate ALL of the following domains:

Medical Expertise: Assessment/Management	☐	☐	☐	☐	☐	☐	☐
Teamwork and collaboration	☐	☐	☐	☐	☐	☐	☐
Prioritization and Decision Making	☐	☐	☐	☐	☐	☐	☐

[Detailed assessment criteria](#)

Please use the following criteria to inform your ratings above (mandatory items in ***bold italics***)

Medical Expertise:

Assessment:

- structured approach to **primary and secondary** survey
- identified **haemorrhagic shock** from **intra-abdominal haemorrhage** and **pelvic fracture**
- identify PXR open book **pubic symphysis disruption** + Left Sacroiliac joint disruption and bilateral acetabular fractures

Management

- aggressive resuscitation with volume (**crystalloid and early blood**)
- pelvic binder**
- tranexamic acid
- hypotensive resuscitation**
- arrange urgent **laparotomy**

Teamwork and collaboration

- Takes on team leader role
- Allocates team **roles**
- liaises with surgeon** and arranges urgent transfer for **laparotomy**

Prioritization and Decision Making

- Rapidly assesses and manages multi-trauma patient
- Identified and manages hemorrhagic shock**
- Arranges definitive **disposition to theatre**



Station Summary: Sim SCBD Paediatric trauma haemorrhagic shock from intraperitoneal haemorrhage and pelvic fracture

INFORMATION

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: