

OSCE 4

Candidate Instructions

You are a FACEM in a mixed urban Emergency Department. A junior trainee has requested a teaching session about neonatal resuscitation. The registrar observed the delivery of a floppy, apnoeic baby who required newborn resuscitation in the emergency department a few days ago and identified their lack of newborn resuscitation knowledge.

Your tasks are to:

- Teach the trainee how to assess a newborn baby.
- Teach the trainee how to resuscitate a newborn baby using the equipment provided.

You will conduct the teaching session via video-conferencing. Photos of a self-inflating bag and mask and a T-piece circuit are provided for use in this teaching session. The junior trainee will have their own copies of the photos.



This OSCE will assess the following domains:

- Medical expertise 60%
- Scholarship and teaching 40%

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Confederate Instructions

You are a junior registrar doing your first year of ED training. You have good knowledge of adult resuscitation protocols but not neonatal resuscitation protocols.

You can use a self-inflating bag and mask on an adult but have never used one on a neonate. You have never used a T-piece.

Expect that a discussion of assessment will take about half the OSCE time.

The candidate will be in the break out room during reading time. When the examiner signals commencement of the OSCE , say:

“Can you please show me how to assess a newborn as soon as it has been delivered?”

Candidate should mention APGAR, what the components are and how to assess

After 3 minutes:

If candidate has not moved on to resuscitation, move them on by saying:

‘How would I resuscitate a baby who is apnoeic and floppy’

Can prompt if needed

‘how would you ventilate this baby?’

‘how would you do CPR on this baby?’

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Examiner Instructions

Assessment rubric for 'at standard' candidate:

Assessment of newborn

- Warm and dry and stimulate the infant
- Assess breathing
- Assess tone
- Discuss APGAR score
5 components – HR, resp effort, colour, tone, reflex irritability
Calculated at 1,5,10 mins
- Oxygen sats come up over time. Born with a sat of 60-70%, increases to 85-90% at 10 minutes

Resuscitation

- Airway neutral
- HR >100 and effective ventilation: OK, do nothing
60-100 and apnoea or ineffective breathing: PPV
<60: after 30 seconds of PPV, start CPR
- Oxygen: start with air, titrate to sats. If CPR FiO₂ 1.0 or as close as possible
- CPR 3:1
- Ventilation: can use either the self-inflating bag or T-piece as long as they demonstrate effective ventilation

Scholarship and teaching:

- Established rapport
- Checks prior knowledge
- Structured approach
- Invites questions and encourages learner participation
- Well paced and appropriate language
- Checks for understanding
- Summarises key elements
- Discusses resources for further information ie ARC

Higher level candidates will mention

- Drugs
Saline 10ml/kg
Adrenaline 10-30 mcg/kg
Dextrose 10% 2-5ml/kg
- Methods to gain IV access
- Pros and cons of T-piece compared to self-inflating bag
- Risk assessment of baby prior to delivery – gestational diabetes, narcotics, prolonged ROM etc