



Cabrini MOSCE 5

Candidate instructions:

You are the Emergency Physician in charge.

A 3-year-old boy, Jack, has presented with bilateral forearm bruising with finger shaped bruises. X-rays of his bilateral forearms are normal. An additional Chest X-ray has revealed healed posterior rib fractures.

These injuries are most consistent with non-accidental injury.

Your Resident has taken the following history from Ash regarding Jack's presentation:

History of presenting complaint:

Fell in playground in the last few days and hurt his arms.

No past history

Normal pregnancy and birth

Immunizations up-to-date

Social History – lives with mother, father and 2 siblings

You are now meeting with the child's mother, Ash.

Your tasks:

1. Take further history from Ash
2. Explain your x-ray findings to Ash
3. Explain your concerns about non-accidental injury to Ash
4. Outline your management plan to Ash

Domains examined:

Medical Expertise	20%
Communication	50%
Health Advocacy	30%

A copy this case information is provided in the examination room.



Examiner/Simulated Patient Information:

Candidate information:

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Simulated Patient information:

Your name is Ash you are a 25 to 45-year-old woman, Jack is your 3-year-old son who you have brought to Emergency to check for broken arms.

The doctor will take a '**focused history**' from you about Jack's injuries and his general health. This will take around **2-3 minutes**. The doctor will likely focus on Jack's 'Social history' outlined below.

At around the 2-3 minute mark you will ask "What do Jack's arm xrays show?"

The doctor will then explain to you the findings from his arm x-rays and chest x-ray.

They may further explore Jack's 'Social history' and then they will then likely raise concerns about '**non-accidental injury**' (NAI) (aka '**child abuse**') and explain to you that they need to admit Jack to hospital and report these injuries to 'Child Protection Services' who will investigate these injuries and check on the



safety of Jack and his siblings at home. There is a chance that you and your partner Shane will lose custody of your children.

Jack's focused history:

History of the Presenting Complaint:

You will report that Jack hurt both his forearms 'in the last few days' falling over at the playground. If asked for further details you say that you weren't there and no-one says what happened. You don't give any more details and if questioned further on details of the injuries you say you don't know. You are concerned that Jack might have broken arms and just want an x-ray and then to go home.

You will report that Jack is a generally clumsy kid who has fallen over many times and had some minor injuries but is normally well.

Past Medical history: His pregnancy and birth were all normal

He doesn't have any medical problems and is developing normally as far as you can tell.

His immunizations are up to date

He doesn't take any medicines. He doesn't have any allergies

Social History:

Jack lives with you and your partner, Shane, and his 2 siblings Josie (12-month-old) and Siena (5-year-old).

Your partner Shane suffers from Schizophrenia and alcohol and marijuana misuse disorder. You are concerned about your 3-year-old son Jack who has injuries to both his arms.

Do not reveal the following *italics* information to the doctor:

You know that Jack sustained these injuries from Shane grabbing him and shaking him when he was intoxicated and 'in a rage' 2 days ago. Your partner has been more violent and unpredictable in recent months, they have stopped taking the Schizophrenia medications and have been drinking more alcohol and smoking more marijuana.

Jack suffered chest injuries a few months ago when Shane jumped on top of him when he was trapped under a blanket on the floor. If questioned about the chest injuries you say that you don't recall Jack injuring his chest and he is a clumsy boy and he probably fell over sometime.

You are very protective of Shane and are in denial about the physical abuse he has been subjecting Jack to.



Your family lives near the hospital. You work as a cleaner and Shane is unable to work due to his health issues. You are concerned about the safety of Jack and your other 2 children but your denial is so strong that you cannot report the abuse to police and will protect Shane at all costs.

Actors' Brief:

Your baseline demeanour is defensive and guarded. You minimise the doctor's concerns. You just want an x-ray to check for a break and be on your way. You have children to look after at home. You are secretly concerned about the safety of the other 2 children at home alone with Shane and are keen to get home ASAP.

At 4 minutes: Prompt: "If Jack's arms aren't broken, I need to take him home now"

If the doctor raises **NAI you become angry, verbally abusive and very defensive** say things like:

"You're accusing me of hurting my kid"

"This is bullshit"

"You can't keep him here"

"I don't have to sit here and listen to this crap. I'm outta here, come on Jack..."

You will **maintain and escalate your aggression and anger for 1-2 minutes**. The doctor will likely explain that they need to report this issue of suspected NAI to the local Child Protection Services. This will anger you further and you will start crying and screaming things like:

"You can take my kid from me, who the hell do you think you are"

"This is illegal"

"I know my rights"

"Are you happy? Breaking up our family?"

Feel free to ad-lib here!

If the doctor is able to de-escalate and calmly explain the situation you eventually reluctantly accept that Jack will be admitted to hospital and ask if you can stay with him.

Candidate Name:

Examiner Name:

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
Please rate ALL the following domains:

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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Medical Expertise	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Health Advocacy	☐	☐	☐	☐	☐	☐	☐

GLOBAL RATING FOR STANDARD SETTING:

In terms of a **safely practicing junior emergency physician**, select the ONE option that best reflects the candidate's performance in this station:

Well Below	Below Standard	Just at Standard	Above Standard	Well Above Standard
☐	☐	☐	☐	☐

[Detailed assessment criteria](#)

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

Medical Expertise:

- Takes Focused History **needs ≥ 5** of :
 - Detailed Hx of current injury
 - History of how rib # were sustained
 - Other previous injuries to Jack
 - Family details - ages of children
 - Shane's Schizophrenia, substance abuse
 - Enquires about Shane's history of violence/abuse
 - Other relevant information
- Provides Jack with analgesia
- Admission under paediatric team for **needs ≥ 2** of- Skeletal survey, Blood tests, Social work involvement



Communication

- Acknowledges difficulty of conversation
- Clear, calm, non-judgemental, respectful **tone**
- Describes injuries factually
- Clearly **explains NAI suspicion** and why nature of injuries, mechanism, different ages
- Explains **legal obligations**
- Avoids accusatory language
- Uses plain language
- **De-escalates** anger and aggression from parent - sets boundaries, acknowledges emotion, Allows space
- Resolution - Reassures process, Gains **reluctant agreement**

Health Advocacy

- protects Jack by arranging **admission**
- emphasises childrens' safety, not blame
- mandatory reporting to **Child Protection Services** or equivalent organisation
- addresses **safety of Ash and other children at home**
- Advocates for Shane's health with social and psychiatric support eg Crisis Assessment and Treatment Team(CATT)
- Frames actions as protective
- Does not negotiate or apologise for reporting

Station Summary: Communication NAI

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