OSCE

Candidate information

Your junior registrar is handing over after a busy night shift in your rural hospital. You were grateful not to be called in. All patients have been admitted and most have been seen by inpatient teams.

Your registrar presents Anne, a 68 year old female in good health.

Anne was driving on a nearby freeway when she had a brief "microsleep", causing her to drive off the road. Her car went down and up a ditch, becoming briefly airborne, before landing on the opposite side of the ditch.

Airbags were not deployed, and the ambulance staff noted there was no sudden deceleration involved.

Anne did not have an LOC at the scene, but was complaining of back pain en route.

She has been seen and admitted by the General Surgery overnight doctor for a tertiary survey.

Please discuss this case further with your registrar, asking any questions you consider appropriate.

Domain	**%**
Medical expertise	50
Prioritisation and decision making	
Communication	20
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	30
Professionalism	

TITLE – lumbar spine fracture

Actor (junior Registrar) information

You are handing over after a busy night shift. You are presenting Anne, a 68 yo healthy female who was involved in an MVA overnight. She had what sounded like a microsleep whilst driving at high speed, and her car left the road, drove through a ditch, became briefly airborne, and landed heavily. She had no LOC on impact. Airbags were not deployed.

Ambulance staff stated there was no acute deceleration. Anne complained of lower back pain en route, so you have arranged a CT lumbar spine.

Of note, you failed to:

- Call a trauma call
- Call the consultant in for the trauma
- Consider other injuries – axial loading, possible C spine, etc
- Discuss the case with neurosurg
- Consider whether a microsleep was the cause of the accident

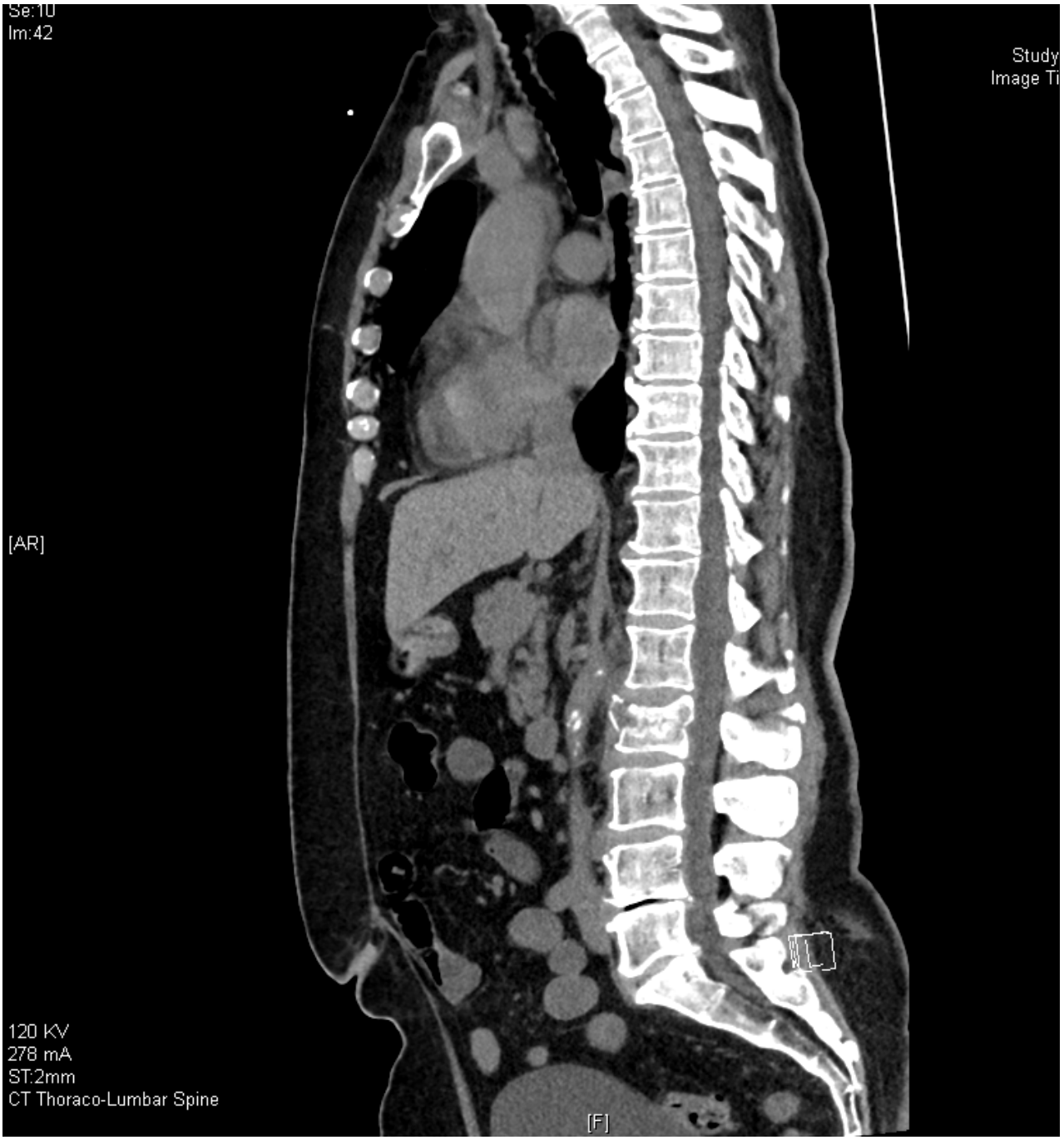
Prompts:

- "I didn't want to call you in unnecessarily"
- "She's pretty stable, she can feel her toes"
- "The Surg Reg was happy to accept her"

Marking:

	Mark
Identifies need for trauma call given mechanism (high speed, etc)	2
Identifies Chance fracture on CT and likely associated injuries*	2
Explains need for spinal immobilisation	1
Explains need for neurosurgical advice in this injury	1
Discusses need to contact Consultant on call in such cases	1
Identifies possibility microsleep not original cause of accident – monitoring needed	1
Gently explains missed factors, or arranges time to do so in private	1
Discusses other management – MRI, IDC, FAST scan, analgesia, etc.	1

*Acute burst fracture of L2 vertebral body with anterosuperior teardrop fragment and 30% loss of height.
Chance type component with fracture of the L2 spinous process.
Minor retropulsion the superior endplate level. No canal stenosis. Pedicles are intact.
No other fracture is identified. Moderate paravertebral haematoma.



How do you do a tertiary survey?

Trauma Tertiary Survey

Trauma Mechanism : MVA

Trauma Injuries : Unstable L2 fracture
Trauma Airway : patnet
Trauma Breathing : spontaneous
Trauma Circulation : intact
Trauma Neurological : GCS 15
Trauma Head : NAD
Trauma Neck : nad
Trauma Chest / Shoulder Girdle : nad
Trauma Back : as above; nil other; no logroll
Trauma Abdomen : nad
Trauma Pelvic : nad
Trauma Perineum / Rectum : nad
Trauma Limbs : nad
Trauma Pathology Imaging Viewed : Yes
Trauma Management Plan : await tf to JHH sunday for ?OT MondAY