OSCE: Difficult telephone referral 1

Instruction to actor

You are the Orthopaedic SHO on call. You will be telephoned by the ED SHO who wishes to refer you a 6 year old with a radial head fracture for admission & manipulation. You are relatively inexperienced and have recently joined this Trust. Your Registrar is intimidating and has already been scathing about your lack of knowledge, so you don't want to ask them for advice if you can avoid it.

You do not want to accept the patient, for several reasons:

Firstly, you have several sick post-op patients on the ward and 2 other referrals to see in the ED. You are tired, hungry and overwhelmed with work.

Secondly, the injury sounds trivial to you & you do not understand why they are being referred. You are aware that radial head fractures are usually managed with a sling & fracture clinic follow up. You know that some (in adults) are just given an advice leaflet and not followed up. You have not seen the x-ray and cannot access a computer screen to do so from where you are sitting. However, if the SHO suggests that you should look at the x-ray you will do so. Alternatively, if they describe the fracture dislocation clearly, you will realise that the radial head is dislocated & needs manipulation.

Thirdly, you are aware that fractures are often manipulated in the ED. You will press the SHO to agree to do this. You think that the ED staff are refusing due to laziness. However if the SHO explains the need for image intensify-guided reduction to obtain a good position, you will understand.

Fourthly, you do not want to admit the child, partly because you have never done Paediatrics and cannot cannulate & bleed a child yourself.

If the SHO is sympathetic and firm & addresses your issues you will (finally) agree to accept the patient. You will respond positively if they offer to call your Registrar themselves (as you are busy) and arrange bloods & admission to the ward on your behalf.