

FOREARM LACERATION (POSSIBLE DSH)

MODULE: PLASTICS

TARGET: CT 1 – ST4

BACKGROUND:

Thorough assessment and appropriate management of a forearm laceration is essential to avoid the sequelae of missed tendon or nerve injury. This poses particular difficulties in depressed uncompliant patients who may be unwilling to give a full history.

RELEVANT AREAS OF THE CURRICULUM

Module 4 – Assessment and Management of the Surgical Patient

Surgical history and examination (elective and emergency)
Clinical decision making
Case work up and evaluation; risk management
Taking consent for intermediate level intervention - emergency
Interactive clinical communication skills: patients
Interactive clinical communication skills: colleagues

Module 10: Professional behaviour and leadership skills

To provide good clinical care
To be a good communicator
To understand and manage people and resources within the health environment

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Learners will have the opportunity to perform a hand examination and receive feedback upon their technique.
Learners will receive feedback upon their communication skills with the actor.

SCENE SETTING

Location: Minors cubicle Accident and Emergency

Expected duration of scenario: 20 mins

Expected duration of debriefing: 15 mins

EQUIPMENT AND CONSUMABLES

Can use DS 'igloo' as backdrop or SimSuite room
Examination couch
Hospital sheet
Hospital pillow
Metal procedure trolley
Sterile pack
Needle holder
Gilles toothed forceps
Straight Mayo suture scissors
4/0 Ethilon suture
Accident and Emergency case notes
Silicone wound – plus make up artist available from 'HealthCuts limited'
Telephone
Consent forms

PERSONNEL-IN-SCENARIO

ED F2 doctor
Patient (actress – young female) (e.g. 'Harry Partnership' ~£250)

PARTICIPANT BRIEFING

You have been called down to A & E to assess a young girl with a wrist laceration, she is about 'to breach' and the F2 doctor has asked if you will come down and suture it up.

FACULTY BRIEFING

The injury needs formal GA washout, exploration and repair of structures in theatre
But patient wants to have it 'stitched up' and go home and is nearing 'breach' time.

Plastics SpR busy with free flap, plays down history and injury.

Does not want to be a suture service.

But if told about specific injuries in systematic order then will come and see patient.

Doctor needs to ensure washed with LA, non-adherent inadine or bactigras dressing applied, with suitable bandage.

Explain to patient likely nerve / tendon injury, requires formal surgery

May result in serious hand loss of function

Requires rehabilitation with hand therapists for up to 12 weeks

Cannot drive until recovered.

ACTOR BRIEFING

Setting: Accident and Emergency 'Minors' cubicle at 7pm

18 year old female – injury to left forearm

Depressed and withdrawn - no eye contact, not talkative. Not keen to stay in the hospital for treatment.

Right hand dominant.

Not working at present but is a keen guitarist

Had an argument with boyfriend last night, drank alcohol, got angry, punched a glass door now presents to A&E with multiple small cuts and one large transverse laceration on left distal forearm / wrist crease

Previous Medical History:

Previous history of depression, previous deliberate self harm – cutting forearm (never this bad).

Hepatitis C positive but is reluctant to tell doctors.

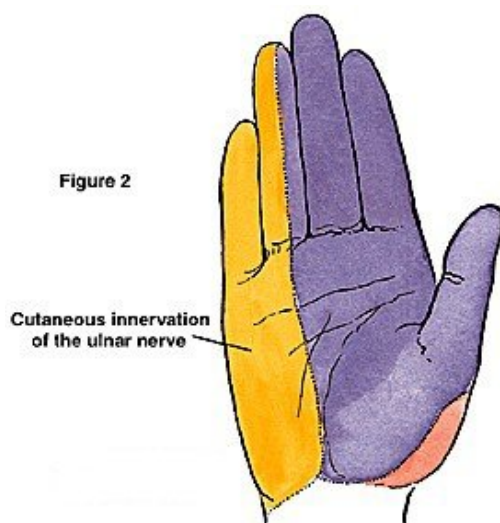
Meds:

Allergic to Penicillin

Citalopram

Smoker: 30/day

Has not had a tetanus booster in last ten years.



The examination findings are important - faculty can go through this with you before the start of the scenario

There is reduced sensation over all of volar (palm side) aspect left little and ulnar border ring finger. Normal sensation over rest of hand apart from at the very base of the thumb - see diagram.

Painful and unable to bend at proximal interphalangeal joint and distal interphalangeal joint of little and ring fingers (FDP and FDS injury)

Can bend at the knuckle of the little and ring fingers but not at the individual small joints of those two fingers.

EXAMPLE OF SIMULATION SET UP



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Technique of hand examination - ensure other joints are immobilised when testing specific movements

Important to ascertain hand dominance and occupation

Tetanus booster may not be required if full course had at school

Consider giving antibiotics - Penicillin allergic

Important to wear gloves - patient is Hep C positive

Communication techniques to engage with withdrawn patient - pick up on her interests and use this to assist with engagement with treatment plan

Effective succinct communication with Plastics registrar

Whilst the injury may be treated on the morning trauma list, is the patient safe to go home tonight?

Psychiatric liaison referral

DEBRIEFING RESOURCES

1. Wheeless textbook of orthopaedics - flexor tendon injuries
http://www.whelessonline.com/ortho/zone_ii_flexor_injuries

SURGERY > IMMERSIVE SCENARIO 7 > FOREARM LACERATION

INFORMATION FOR PARTICIPANTS

KEY POINTS

Accurate assessment of the hand is essential.

Probing and exploring the wound is not necessary - all information may be gained from hand examination

Additional effort must be made with withdrawn patients - ensuring their compliance with post-op care including physiotherapy is essential to avoid long term sequelae.

Organise the information before telephoning senior.

WORKPLACE-BASED ASSESSMENTS

This simulation may be appropriate for a case-based discussion



Case-Based Discussion (CBD)

Please use black ink and CAPITAL LETTERS.		Please complete the questions using a tick <input checked="" type="checkbox"/>			
Trainee		Assessor			
Name:		Name:			
GMC number:		GMC number:			
Specialty: <input type="checkbox"/> Cardio <input type="checkbox"/> Gen <input type="checkbox"/> Neuro <input type="checkbox"/> OMFS <input type="checkbox"/> Otol <input type="checkbox"/> Paed <input type="checkbox"/> Plast <input type="checkbox"/> T&O <input type="checkbox"/> Urol		Position: (must be trained Consultant, SASG, SpR)			
Hospital:		Institutional e-mail:			
Training post (e.g. CT1/ST1):		Training: No <input type="checkbox"/> Written <input type="checkbox"/> Web/CD <input type="checkbox"/> Workshop <input type="checkbox"/>			
Clinical setting (e.g. Outpatients):		CBD relates to reflective writing <input type="checkbox"/>			
Summary of the clinical problem:					
Focus of encounter:	Medical record keeping <input type="checkbox"/>	Clinical assessment <input type="checkbox"/>	Management <input type="checkbox"/>	Professionalism <input type="checkbox"/>	
Complexity of the case:	1. Appropriate for early years training				
	2. Appropriate for the completion of early years training or early specialty training				
	3. Appropriate for the central period of specialty training				
	4. Appropriate for Certificate of Completion of Training (CCT)				
ASSESSMENT RATINGS					
Your assessment ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training					
How do you rate this trainee in their:	Outstanding	Satisfactory	Development required	Not assessed	
1. Medical record keeping					
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base					
4. Management and follow-up planning					
5. Clinical judgement and decision making					
6. Communication and team working skills					
7. Leadership skills					
8. Reflective practice/writing					
FEEDBACK: Verbal feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions of development which were highlighted during discussion with the trainee:					
GLOBAL SUMMARY					
After summarising the discussion with the trainee in the box above, please complete the overall level at which the Case-Based Discussion was performed on this occasion, if there was sufficient evidence to make a judgement:					
Level 0	Below that expected for early years training				
Level 1	Appropriate for early years training				
Level 2	Appropriate for completion of early years training or early specialty training				
Level 3	Appropriate for central period of specialty training				
Level 4	Appropriate for Certificate of Completion of Training (CCT)				
Time taken for observation (mins):			Time taken for feedback (mins):		
Date:	Trainee's signature:		Assessor's signature:		

PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Learner grade:.....

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this skills simulation useful					
I understand more about the simulation subject					
I have more confidence to deal with this operative case					
The material covered was relevant to me					

How could this simulation be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this simulation?

What did not go well, or as well as planned?

Why didn't it go well?

How could the simulation be improved for future participants?

Date of training session:.....