**OSCE 1**

**Candidate Information**

**Theme**: Parental Communication

**Domains Assessed:**

Communication

Medical Expertise

**Clinical Stem:**

You have been asked by your senior registrar to talk to the mother of a child. It is 10pm. A 6 year old, 25kg boy was brought in by ambulance with his mother after having an acute exacerbation of asthma. He was initially treated with burst therapy salbutamol (12 puffs via spacer every 20 minutes), and 1mg/kg of prednisolone. He showed initial improvement but he now looks tired again, at 30 minutes since his last dose of salbutamol. He just dropped his sats to 89% on RA.

You are planning to move him to resus as you are concerned he needs closer observation and further treatments for his asthma. He has features of severe but not life threatening asthma at present. There are no infective symptoms and the likely trigger was some grass burning near the family house.

The mother has approached the senior registrar to say that she is taking him home because she is sick of being here and she can “just give him ventolin at home”. The child is currently safe with a senior staff member while you talk to the mother.

**Tasks:**

**- Communicate with the mother regarding her wishes to leave the department**

**- Explain the stepwise treatments that you propose for the child**

**- Answer any questions that she has**

**Role Player Information: Mother**

You are a 34 year old single mother who has presented with your 6 year old boy, John. He has been sick for a few days with a increased coughing and wheeze. You have been giving him hourly ventolin at home but he was getting no better.

You haven’t yet seen the GP. He normally gets better just with ventolin and hasn’t had steroids since he was a baby.

You want to go home because you have left your 2 older (10 and 13yrs) children with an elderly neighbour. The children have been upset because their father left 2 months ago and the marriage is over. You have to go to work tomorrow, and are concerned that your boss will sack you if you take any more time off work.

You are exhausted, stressed and worried but not angry or aggressive.

**If asked:**

Vaccinations all up to date

No other PMH or meds

Normally only needs ventolin once in a while when he has a cold or has been running around.

No FH of any diseases

2 other children at home (being cared for by a neighbour)

Live 30mins out of town

Don’t have a car

Have a mobile phone

No other supports at home apart from the children

***Opening statement after introductions:***

I’m just exhausted and so is he, I’m sure he’ll be fine in his own bed if I give him more ventolin.

***If reasons are explored further terms of your rationale for wanting to leave, don’t state these all at once, the trainee must probe for the reasons:***

I don’t think that the hospital are doing anything more that I can do at home. I’m pretty good at giving ventolin with the spacer and I’m happy to get up overnight to give it every hour”

“He has already had the steroid and you are sure that that will start to work soon, the other doctor said it takes about 6 hrs”

“He has always got better within a few hours when we’ve been to ED before”

“My kids are with the neighbour who is 80, and I’m not sure she is up to looking after them overnight. She’s very old and frail”

***When the doctor explains that he is very sick and may deteriorate you should reply:***

“But he gets much better after the ventolin so I can just do that at home”

***After further explanation of severity and risk of deterioration:***

‘Do you think he could die?”

***When an appropriate explanation of severity and risk has been made ask:***

“So what treatments do you need to start now?”

“It sounds pretty serious, what if that doesn’t work?”

“My friends kid had to have a breathing tube, could that happen?”

***If disposition not discussed ask:***

“Will he need to be admitted to the ward?”

“How long will he need to be in for?”

**Examiner Information**

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**Marking Criteria**

**Communication**

- Introduces self with name and role, and explains why there

 - Very concerned about child leaving hospital

 - Requires escalation of treatment

- Empathetic

- Allows mother to explain her rationale for wanting to leave and explores further

- Explain the risks clearly and without using medical terminology

 - appropriate to explain risk of death without appropriate treatment

- Explores social situation further

- Non-judgemental approach

- Offers social work to help with care of children

**Medical Expertise**

Explains:

 - Severe asthma and the risk of deterioration/already deteriorating

 - Unpredictable course

 - Explains therapies /investigations

 - Oxygen

 - Regular Bronchodilators– ventolin and atrovent

 - IV line

 - Mg/Aminophylline

 - If deteriorates possibly NIV/High Flow/Invasive ventilation

 - Ongoing steroid therapy

 - +/- CXR to exclude PTX

 - Explains need for admission to the ward and likely at least 24 hrs + duration in hospital