**OSCE 3B**

**Candidate Information**

**Theme**: Communication to Parent

**Domains Assessed:**

Communication

Medical Expertise

**Clinical Stem:**

You have been asked by your senior registrar to talk to the mother of a teenager. The 15 year old has taken some tablets at a party that he thought were ecstacy. The tablets were in fact opiates and the child has presented with significant respiratory depression pin-point pupils and hypoxia. He was given narcan on arrival and has woken up. She now wants to take him home.

**Tasks:**

- Communicate with the mother/father regarding her child’s condition and her wish to take him home

- Explain the necessary onward actions that you plan to take

- Answer any questions that she has

**Role Player Information: Mother**

**(can be father an all genders changed to accommodate that)**

**Setting the scene**

You are a 34 year-old single mother who has been called to the hospital at midnight on a Friday night because your son was found unconscious at a party due to drugs “like morphine”.

You thought he was staying at his friends house for the night, but are not shocked, he pulls these stupid pranks all of the time.

You are relieved that he is ok after the antidote. He is now sitting up talking to you/being obnoxious, and looks completely normal. You are angry with him for using drugs because his father is in prison for drug related problems and it looks like he is “going the same way”.

You have poor health literacy and general level of intelligence, you get angry when it is suggested that you can’t take him home

**If asked:**

Know that he has used drugs like ecstacy in the past and that he smokes a bit of cannabis

PMH - ADHD and a few broken bones but nothing else

Problems with disruptive behaviour and truanting from school

No FH of any diseases

2 other children, 4 and 6 years who are in the waiting room with a close friend

Live 10 mins from the hospital

Childs father in prison for last 12 months

Has supportive friends

Known to DCF due to his fathers drug use and violence in the past

***Opening statement after introductions:***

“I can’t believe he has done this, after everything that our family have gone through because of drugs. He’s an idiot. I just want to get him home now. The two little kids are knackered”

***When the narcan “wearing off” is explained you have trouble comprehending and get angry and state that***

“You’re just trying to keep him here so you can call those pricks in child services. They’ll take him off me, is that what you want”

***When the doctor explains that he looks well but is likely to get very sick without ongoing treatement you should reply:***

“Look at him, he’s obviously totally fine. I can give him whatever tablets he needs at home”

“PLUS, you can’t legally stop me taking my own child home”

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

“He’s only staying here if you promise not to call DCF”

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

Agree to stay but state that you WILL be removing him from hospital tomorrow, no matter what happens

**Examiner Information**

**Theme**: Parental Commnication

**Domains Assessed:**

Communication

Medical Expertise

**Clinical Stem:**

You have been asked by your senior registrar to talk to the mother of a teenager. The 15 year old has taken some tablets at a party that he thought were ecstacy. The tablets were in fact opiates and the child has presented with significant respiratory depression pin point pupils and hypoxia. He was given narcan on arrival and has woken up. She now wants to take him home.

**Tasks:**

- Communicate with the mother regarding her child’s condition and her wish to take him home

- Explain the necessary onward actions that you plan to take

- Answer any questions that she has

**Marking Criteria**

**Communication**

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

 - Severity of ingestion and likely deterioration without infusion of naloxone

 - Very concerned about child leaving hospital both medically and socially

- 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

**Medical Expertise**

Explains:

 - Nature and severity of opiate overdose

 - Need to exclude purposeful OD and other co-ingestions

 - Half -life of narcan is shorter than some long acting opiates and likely to become unconscious again

 - Ongoing risk of death

 - Legalities of Common Law and that CAN prevent child for leaving

 - Possible need to inform DCF after careful consideration

 - Mustn’t agree to “promise not to call DCF”

 - Must state that child will only be discharged when it is safe to do so from medical, psychological and child protection perspective

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