Monash Practice OSCE 2019.2

**OSCE 3**

**Candidate Instructions**

You are the consultant in charge of the ED; it is 2030hrs on a Friday. Your registrar, David, seeks your assistance with Thomas Brown, a 4-year old boy.

Assessment is summarised:

* History: 3 days of fever and vomiting. Thomas had 2 days of oral amoxycillin by his GP, but symptoms have worsened today. He is a usually healthy, vaccinated child who takes no regular medications.
* Examination: Looks moderately unwell, with a temperature of 39.5 degC. No clear clinical focus of infection.
* Investigations: CXR and urinalysis are normal. FBE, coagulation profile and urea/electrolytes are normal. Blood glucose is 5.0 mmol/L (normal). CRP is elevated, at 120 IU/L (< 5).

Your registrar thinks a lumbar puncture (LP) necessary, as part of Thomas’ septic work-up. Partially treated meningitis is a differential diagnosis. He plans to administer empiric broad-spectrum antibiotics, ideally after the procedure. Thomas has no neurological or other features that contra-indicate an LP.

Thomas’ mother, Mrs Jenny Brown, has refused an LP for Thomas, despite David’s explanation of the above. She states she is concerned about the adverse impact of this procedure on her son. David has not provided detailed information about an LP. He requests that you discuss this situation with Jenny.  You concur with your registrar’s assessment, including the need for LP.

You will enter the examination room to meet Jenny. She knows that you will be coming to talk with her. Your registrar will NOT be present.

**Please turn over**

**Your tasks:**

* Discuss Thomas’ condition with Jenny and address her concerns
* Formulate, with Jenny, an appropriate management plan

You will not interact with the examiners.

**Domains assessed:**

Communication 50%

Prioritisation and Decision making 30%

Health advocacy 20%

A copy of this case information is provided in the examination room.

**OSCE 3**

**Role Player Instructions:**

It is now 2030hrs on a Friday. You are a 37-year-old legal secretary, married to John. Thomas is your only child. He is a normal, happy, healthy child who attends kindergarten 3 days per week. He has no usual medications, and has no drug allergies. Your family is stable and happy.

Thomas has been ill for 3 days, with high fevers and vomiting, preceded by runny nose and cough. Your GP prescribed oral amoxicillin (an antibiotic) for Thomas. He has taken 2 days of this medicine. Earlier the same evening, Thomas appeared worse, with a fever unresponsive to Panadol. He vomited despite missing his dinner. Concerned about Thomas’ condition, you brought him to the Emergency Department (ED). Thomas was seen by Dr David promptly after your arrival.

David assessed Thomas and undertook some blood tests and a chest x-ray, which he reported were normal. He expressed some concern about meningitis, suggesting a lumbar puncture (LP) be performed on Thomas, prior to stronger intravenous (IV) antibiotic therapy. This worries you, as you’ve heard bad stories about LP. You are afraid that it will be it very painful. Moreover, you are unsure of other risks from the procedure.

David seems a competent doctor, but is unable to allay your concerns about the LP. Other than your rising anxiety about Thomas’ illness and the LP, you are now annoyed by his insistence about the latter. You just want Thomas to have the IV antibiotics, without this procedure.

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| **Role Player prompt** | **Expectations of candidate** |
| Introduction | Name Title / position |
|  | Candidate opens discussion:  Explains the registrar’s request for consultant  Explains goals of communication with Jenny |
| If LP not raised by candidate:  *PROMPT****: I just don’t want Thomas to have a lumbar puncture*** | Candidate should seek mother’s view  Allow mother to speak |

|  |  |
| --- | --- |
| Candidate may raise issue of reasons for refusal or patient will prompt | Candidate should allow or enquire as to reasons for refusal of LP  Candidate should address issues raised by mother  Explain LP and rationale |
| ***That sounds like it would be painful*** | Reassurance / Explanation / Address concerns  Highlight differences between child and adult  Provide information about analgesia - methods for minimising procedural distress eg LA / sedation options |
| ***I am scared about the risks of a lumbar puncture.***  ***What can go wrong?*** | Explanation / appropriate empathy  Safe procedure  Pain - above  Infection – less than 0.5% with sterile technique  Post LP headache – approx 30% risk, reduced with small gauge pencil point needle  Other complications rare (<0.5%) eg haematoma, abscess, nerve root injury |
| ***Will the lumbar puncture definitely rule out meningitis?*** | Reassurance +/- possible limitations eg failure, false negative, but empiric Abx anyway |

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| --- | --- |
| ***Is there any other test we can do?*** | Septic screen in conjunction with LP, incl CXR, BC |
| ***And if the lumbar puncture confirms meningitis?*** |  |
| ***Can’t you just treat Thomas with antibiotics?*** | Explains risk of refusing LP  Explanation of meningitis / serious bacterial illness |

**OSCE 3**

**Examiner Instructions**

**Case summary**

Antibiotics are indicated for Thomas, and should not be delayed. However, an LP (best done before the first dose) represents ideal practice, because it permits directed antibiotic therapy for Thomas. That is, it will help determine if the prescribed antibiotics are the correct agent for this infection. Potential advantages gained are more rapid recovery, less side effects from broad-spectrum agents and reduction in incidence of resistant infective organisms in future cases.

The candidate’s task is to explain this to Jenny in an effective, sensitive way. This should allay her anxieties and empower her to make an informed choice re consenting for this procedure. That said, this procedure is not mandatory and should not be an absolute prerequisite for antibiotic therapy. The candidate should also discuss with Jenny alternative options to a lumbar puncture, given her understandable concerns about it.

**Detailed assessment criteria**

Please use the following criteria to inform your domain ratings:

**Communication - 50%**

* Introduces self and purpose, establishes rapport
* Demonstrates a professional and respectful approach
* Actively listens to the mother’s concerns and responds appropriately to non-verbal cues
* Identify and explore the mother’s reasons for refusing LP and address her concerns
* Conveys relevant information using appropriate language
* Encourages the mother to ask questions, provides opportunity for questions and answers appropriately
* Allays her concerns sufficiently for her to make an informed decision
* Develops a common understanding of ongoing plan

**Prioritisation and Decision Making – 30%**

* Explains the specific benefits and risks of the LP (including risks of refusing) to facilitate consent for the procedure

**Health Advocacy - 30%**

* Explains to the mother the rationale for a treatment decision incorporating the mother’s wishes