Child Health Surveillance
Situational Judgement Paper

Section A: Situational Judgement Questions

Please discuss the answers with your educational supervisor and reflect on them in your e-portfolio. We will check your progress.

Prioritise your response from 1 (First Choice Action) to 4 (Least preferred option)

1) A receptionist phones to tell you that the next patient you are about to see is a 5 year old child brought by his father. They are recent migrants from Slovenia who normally require the use of the telephone interpreting service and the consultations are always long. She observed the father slapping the child on the back of the leg and what appeared to be scolding of the child for throwing the father's mobile phone on the floor of the waiting room. The child is being brought because of a 'stomach' problem.

   a) Concentrate on the stomach problem this time, but tell the father (via the interpreter) that you will need to see the child again in 2 weeks time. Inform the the father, you will be contacting social services in the interim, with regard to the incident in the waiting room.

   b) Enquire from the father whether the child has behavioural problems. Say nothing about the incident to the father but contact the health visitor.

   c) Ask the receptionist to phone the NSPCC and tell them what she saw.

   d) Say nothing to the father, but have a meeting with the nominated Child Protection lead in the practice to seek further advice.

2) Your practice Nurse tells you that she has inadvertently given the first set of immunisation injections to a baby that was only 6 weeks old. This is the first baby born to a very anxious Mother who has already stated that she does not want her child to have MMR.

   a) Admonish the Practice Nurse for her carelessness and ask her to complete a significant event form for discussion at a subsequent practice meeting.

   b) Contact your medical indemnity provider and a community paediatrician for advice, before speaking to the mother.

   c) In view of maternal anxiety, decide to say nothing and continue to complete the initial immunisation course at 4 week intervals.

   d) Praise the Nurse for her honesty and contact the mother to explain and apologise for what has happened.

3) A Muslim father attends with his 13 year old daughter regarding a consent form that she has brought from her school asking permission for the daughter to have the HPV vaccine. He has read the literature and is horrified that this is protection against a sexually transmitted virus infection. He does not want his daughter to have the vaccine. You speak to the daughter alone. Having read the leaflets and 'Googled' the HPV vaccine, she would like to have the vaccine and wonders if you can give it without the father knowing. You assess her as bring competent in her decision making.

a. Inform the daughter that without parental consent the vaccine cannot be given.

b. Advise the father that Muslim women can also develop cervical cancer and that the best protection against this disease is early immunisation at 13 years and that he should reconsider.

c. Arrange for the daughter to come alone to see the practice nurse to have the immunisation done at the practice. She will not need parental consent.

d. Tell the daughter to wait until she is 16 when she will not need parental consent.

4) The stepfather and mother of a 13 year old boy consult you stating that they have been advised by the school nurse that their boy has ADHD and should be seen by you for treatment. The boy who attends with his parents has been banned from school for disruptive behaviour in the classroom. Teachers had told them that he was inattentive during lessons and that he is impulsive and unpredictable towards his classmates. His behaviour at home is no better – he has exhibited verbal and physical violence towards them. The parents state that his behaviour problems started 3 years ago at which time his mother had fled domestic violence from his natural father. The mother expresses concerns about his behaviour towards his 18 month half-sister varying from affection to aggressive teasing and posturing. The boy refuses to engage with you during the consultation and states that he does not understand why he has been brought to see you.

a. You tell the family that while you appreciate the difficulties that they are having with the 13 year old, you have concerns for their 18 month daughter and that you will be alerting social care to the situation.

b. You advise the family that you will be contacting the school nurse for more information and that you wish to see them with a longer appointment time to explore the family dynamics before making any significant management decisions.

c. You acknowledge their concerns about ADHD but state that substance misuse is also a possibility and ask the boy for a urine sample to test for this.

d. You write a detailed report and referral to the local Child and Adolescent Mental Health Service, advising the parents that this is unlikely to be ADHD.

5) During a child health surveillance clinic, the health visitor refers an 18 month old boy who over the last 3 months weight growth has dropped from his stable 90th centile to the 75th centile whilst the height growth has remained at or close to the 75th centile. The mother has reported no changes in social circumstances or any perceived illness in the child during this period. The health visitor reminds you that the mother did have severe postnatal depression requiring a 9 month course of antidepressants in his first year of life, but is currently stable and on no antidepressants.

   a) You suspect emotional deprivation as a result of possible maternal depression and discuss with the health visitor the possibility of raising a common assessment framework (CAF) analysis meeting.

   b) Reassure the mother that there is no need to be concerned as this can be a normal pattern in growth in children of this age. Continue to observe for the next month and investigate further only if there is further decline in weight.

   c) Take a detailed medical, dietary and social family history from the mother and examine the child.

   d) Request blood tests for malabsorption and thyroid disorders.

6) A 3 month old baby is brought to you by the mother in October. She states that the child has developed a wheezy cough over the last 2 days and has not taken her last 3 breastfeeds. The child had been born 4 weeks premature. There is a strong family history of asthma. On examination the child is alert, Temperature is 37.6C, pulse is 165, and respiratory rate is 78 with intercostal recession and chest examination confirms widespread rales and wheezes all fields.

   a) Admit the child to hospital.

   b) You start the child on oral prednisolone and ipratropium inhalation via a volumatic device and arrange to review the child next day.

   c) Given the prematurity of the child you start amoxicillin and paracetamol for suspected chest infection.

   d) Advise the mother to temporarily stop breast feeding and switch to oral hydration therapy and start the child on oral paracetamol. Advise the mother to return if there is no improvement in 3 days.

7) An 11 month old baby breast fed is brought to you during the morning surgery with a 12 hour history of diarrhoea and vomiting after each bottle feed. The mother states that the motions are very watery and the nappies have been heavy. The child also has a fever, but has been vomiting back the oral paracetamol that the mother has been giving. The infant is sleeping. On examination the mucous membranes are dry, pinch test for skin turgor and capillary filling time was normal being less than 1 second. The mother has 2 other children under the age of 10 who need to be collected from school in the afternoon and has only recently moved into the area. Her husband is abroad. The mother mentions that the family dog has had diarrhoea for the last 3 days.

a) This is a high risk situation and you refer the baby for urgent assessment by the local paediatric unit.

b) Continue breast feeding with supplementary ORT but advise that feeds should be smaller but occur at more frequent intervals and review the baby in the evening.

c) Continue breast feeding, prescribe ORT but advise to give small amounts at frequent intervals and review in the next morning surgery. If baby does not improve, admission may be required and the Mother needs to make arrangements for her other 2 children to be looked after.

d) Send a stool sample and prescribe erythromycin for suspected campylobacter infection. If the child does not improve after 48 hour – admit the child to a paediatric unit. You also advise that the dog be checked by a vet.

8) Parents who recently joined your practice attend with their 15 year old son whose behaviour has changed over the last 6 months. This had become more noticeable since he changed schools on moving into the area. He has started to exhibit mood swings with irrational bursts of temper with little provocation and then disappears into his room for hours. In addition his academic performance at school had declined and school had also reported episodes of truancy. More recently he had been caught stealing money from the home and attacked his father when confronted and disappeared for a whole night causing his family considerable anguish. He had also sold his season ticket for his local football team matches. The son is reluctant to talk to you and denies there are any problems. An uncle who had also been his godfather had died from a brain tumour a year ago and the parents recall that this had affected him very much at the time.

a. Ask the parents to leave the consulting room and attempt to establish a relationship with the teenager by eliciting his version of events. In particular you explore the possibility of substance abuse.

b. You confront the teenager with the suspicion that he is ‘taking drugs’ and request a urine sample from him to confirm or disprove your suspicion. This is important as it will help you focus your management.

c. You suspect the teenager may have a frontal lobe tumour. You share this suspicion with the family and advise that a Neurological opinion in this situation would be helpful.

d. Tell the family you will be contacting the school to obtain more information and that you will be referring him to the community paediatrician.

9) An 8 month old boy is brought by an anxious mother because of ongoing fever, being more unsettled, and with onset of vomiting over the last 24 hours. The child had been diagnosed as having otitis media by a colleague 11 days ago and given oral amoxicillin, paracetamol and ibuprofen. The mother reports that there has been no improvement and that the child has continued with the fever, off his food and she thinks that the urine is strong and smelly. The child had been admitted to hospital 2 months previously with a febrile convulsion. On examination the child's temperature is 37.9C, mild dehydration, pulse is 118, limbs are warm. ENT shows wax in both ears. The child urinates into a clean Terry nappy and an immediate dipstick soaked into the nappy confirms the presence of nitrite and leucocytes.

a) You arrange an immediate admission to hospital. You suspect a urinary tract infection and realise he needs his blood pressure checked. You do not have facilities for measuring his BP in surgery.

b) Reassure the mother that this is a new viral infection and to continue with paracetamol and ibuprofen – the urinalysis is unreliable in these circumstances.

c) Give the mother a urine pot and telling her that treatment can only be initiated after the results of the culture and sensitivity are known from a clean catch urine sample. She is advised to get a sample by tomorrow morning.

e) This is a urinary tract infection that needs urgent treatment. You prescribe an antibiotic but ask to withhold treatment until she can catch a urine sample, but tell her to start therapy after 4 hours even if no urine sample can be collected.