



Cabrini Practice OSCE 4:

Candidate information:

You are managing a man named Merv Newton. He is an 86 year old man from a high level care nursing home. He has a history of advanced dementia and is bed-bound.

His GP had prescribed oral antibiotics over the previous week for a respiratory tract infection but his condition has deteriorated and he has been brought to ED by ambulance, en route he was given 1 litre of IV Normal Saline and oxygen at 10L/minute via Hudson mask.

He has no Advanced Care Directive.

His Vital signs are:

T	39 C
HR	130 bpm
BP	70/30 mmHg
RR	42
SaO2	82% on 15 L/min oxygen

He is drowsy but rousable. He is not in pain.

He has widespread crepitations in both lungs.

Your senior Registrar is looking after Mr Newton currently. His daughter, Susan, has arrived in the ED shortly after the ambulance.

Your tasks:

1. Speak to Mr Newton's daughter Susan and explain his condition
2. Formulate a management plan

Domains assessed:

Medical Expertise	30%
Communication	40%
Health Advocacy	30%

Role Player Information:

Your name is Susan Newton, you are 55 years old. You are married to Robert and have an adult daughter Hayley. Both are on their way to the Emergency Department. You have no siblings

Your father, Merv Newton, has advanced dementia, is bed-bound, and lives in a nursing home. You are very close to him, especially since your mother died two years ago. Merv needed full time care in a nursing home after her death. You visit him every day. There have been times over the last month or so, when your father hasn't recognised you, and this has upset you. You are Merv's Medical Treatment Decision maker (aka Medical Power of Attorney)

Merv has been unwell with the "flu" recently, for which his GP has given him oral antibiotics for the last week. He was very unwell this morning and the nursing home staff called an Ambulance to take him to hospital. You have arrived in the Emergency Department but haven't seen your father yet.

Merv also suffers from high blood pressure and high cholesterol. He doesn't have any other medical problems. You don't know what medications he takes. He is not allergic to anything.

You have not spoken to your father about an advanced care directive. He has mentioned in the past that he "doesn't want to be hooked up to machines to keep him alive". When your mother died he thought that comfort and dignity should be the priorities rather than prolonging life and avoiding increasing her suffering.

However, you don't want to be responsible for withdrawing active medical care and feel guilty if you were to approve palliation since you feel you would have contributed to his death.

You understand the nature of his illness and that he is unlikely to survive but you are struggling with the idea of not actively treating him.

If the candidate **explains** the situation and **explores** your father's values and likely wishes and advises that palliation and "comfort care" if most appropriate then you will agree to go with the candidates recommendations.

Opening Question ***"How is dad doing?"***

Follow-up Questions

"Is he going to die" – expected response "yes" – you will cry and be upset, if no clear answer given you will ask again.

"What can be done for him?"

"I feel guilty not giving him with all possible treatments"

Examiner Marking Sheet

COMPONENT ASSESSMENT

For each Domain below, select the ONE best option that best represents the candidate's level of performance. The option "**minimum level of competency displayed**" represents the level of safe independent practice as a junior FACEM in Australasia

Very poor level of competency displayed	Well below minimum level of competency displayed	Below minimum level of competency displayed	Minimum level of competency displayed	Above minimum level of competency displayed	High level of competency displayed	Very high level of competency displayed
☐	☐	☐	☐	☐	☐	☐

Please rate ALL of the following domains:

Medical Expertise:	☐	☐	☐	☐	☐	☐	☐
Communication:	☐	☐	☐	☐	☐	☐	☐
Health Advocacy:	☐	☐	☐	☐	☐	☐	☐

[Detailed assessment criteria](#)

Please use the following criteria to inform your ratings above (mandatory items in ***bold italics***)

Medical Expertise

- Diagnoses the ***dying patient***
- Creates an immediate and appropriate **management plan** – O2, IVF +/- antibiotics, management of distress/pain

Communication

- Builds rapport, trust and ethical therapeutic relationship
- Clearly communicates the prognosis** of the patient to the relative
- Uses appropriate non-verbal communication, body language
- Uses **appropriate use of language** and words, avoids jargon
- Acknowledges daughter's grief

Health Advocacy

- demonstrates **shared decision making** steps:
1. Ask patient's understanding/knowledge

2. **Explain medical condition**
3. **Explore patient's likely values and goals**
4. **Explain options and pros/cons**
5. **Advise on recommended management plan taking into account patients preferences**
from step 3
6. Agrees on **management plan of palliation** with medical care focusing on symptom relief rather than disease cure- accept- O2, IVF, antibiotics, DO NOT accept intubation, inotropes/vasopressors, HDU/ICU
- Offers involvement with hospital supports that provides psychosocial/spiritual care

Station Summary: Elderly patient dying with pneumonia

INFORMATION

EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence the candidate's

exam outcome e.g. protocol breach, candidate illness, etc

GLOBAL RATING FOR STANDARD SETTING:

This scale is used in the standard setting process for the OSCE. Please rate the candidate's OVERALL performance in this OSCE. The rating should take into account the entirety of the OSCE, rather than just a sum average of the individual domain scores. This element MUST be completed for the standard of the examination to be set.

	Well Below Standard	Below Standard	Just at Standard	Above Standard	Well Above Standard
In terms of a safely practicing junior emergency physician , select the ONE option that best reflects the candidate's performance in this station:	☐	☐	☐	☐	☐

EXAMINER SIGNATURE: