

Cabrini Practice OSCE Station TWO

Candidate Instructions:

You are the consultant in charge of the ED.

You have been looking after an 82 year old man named Cedric Jones who presented with a headache, collapse and GCS 5. He was intubated on arrival to ED and a single axial slice of his CT Brain is attached.

He has a past history of moderate dementia, gout and hypertension.

Mr Jones has been seen by the neurosurgeon who feels that he has likely had a hypertensive haemorrhage and that surgery is not an option given the extent of the haemorrhage, the patient's advanced age, the risks from the surgery and the likely very poor outcome. He advises that palliative care is the most appropriate management plan.

Mr Jones' daughter, Kim has just arrived. She is Mr Jones' medical power of attorney.

When you enter the room you will meet Kim.

Your Tasks are to:

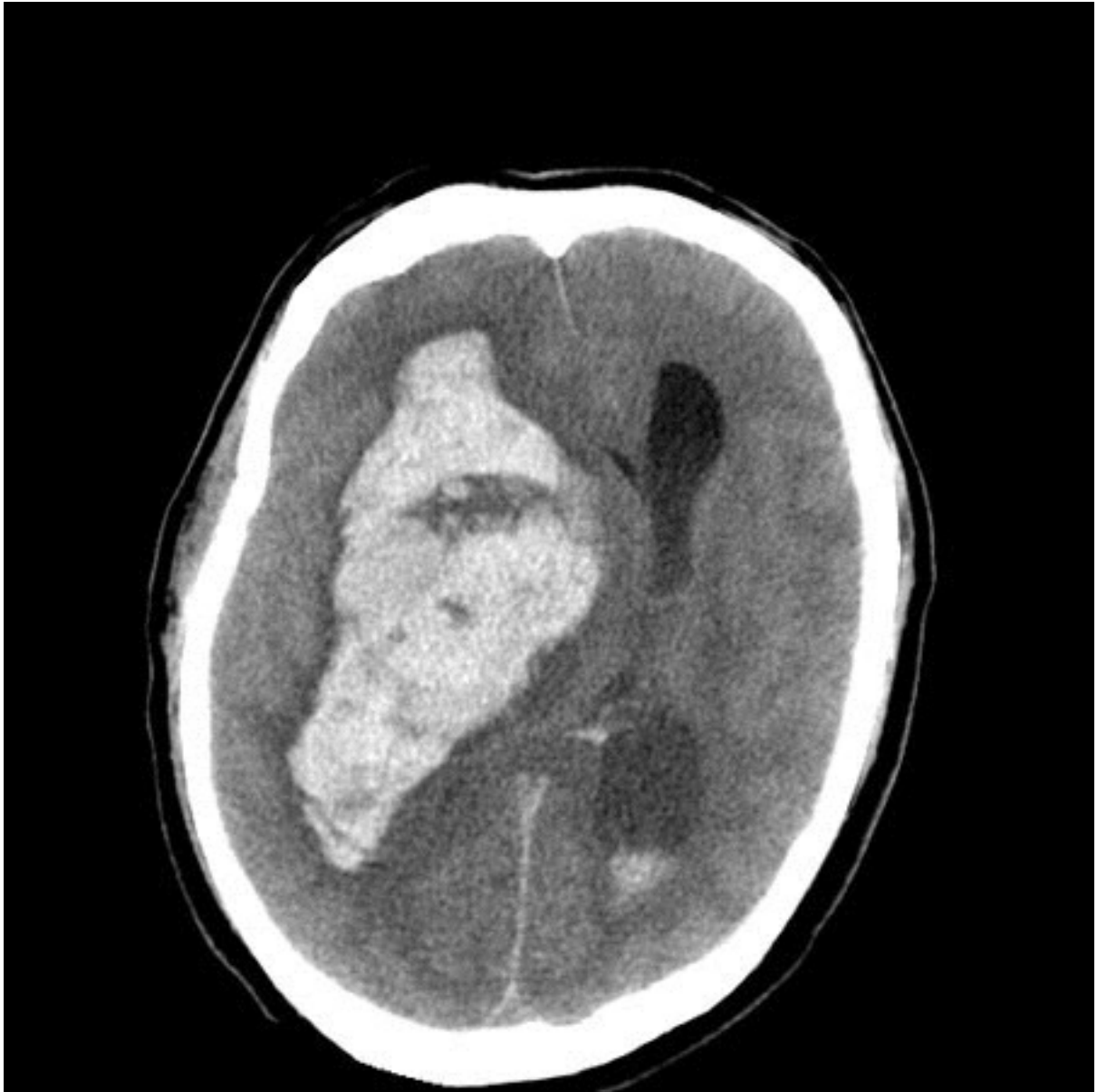
- Explain the current medical condition of Mr Jones
- Explain the likely prognosis and ongoing management plan
- Answer any questions from Kim.

Domains Examined:

Medical Expertise	30%
Communication	40%
Health Advocacy	30%



CT Brain - Mr Cedric Jones:



Actor Instructions:

You are Kim Jones, a 55 year old divorced teacher with no children. You live alone with a cat. Your only sibling Steve lives in Adelaide.

Your father, Cedric Jones is 82 years old and suffers moderate dementia. He has been living in a nursing home for the last year since your mother died. You are worried and anxious about your father and distressed at the thought of losing him after recently losing your mother. You are still grieving your mother's death and feeling fragile and lonely. You just spoke to your father last night and he was fine.

Your father is a retired university lecturer who was very intelligent and a pillar of his local community. Watching his deterioration with dementia has been heartbreaking for you and your family.

His other medical history is Gout and Hypertension.
His medications are perindopril and allopurinol. He has no allergies.
He doesn't take any blood thinners.

The nursing home called and told you Cedric had a headache and collapsed this morning and an ambulance took him to the Emergency Department.

You don't know any further information at this time.

He is now being cared for in the Emergency Department.

You will meet with the Emergency Doctor in charge of your father's care.

Introduction:

"Are you the doctor in charge?"

(If doesn't introduce self) "What is your name?"

Fathers' condition:

"Is he OK? What has happened?"

Intracranial haemorrhage:

"What is it?"

Neurosurgical Opinion/Prognosis/Plan:

“What does the Neurosurgeon think? Do you agree with him? Can anything be done?”

“What is going to happen to him?” Requires clear answer from candidate that you father is dying/going to die. If the candidate answers this directly and clearly you are to start **CRYING+++** (if not answered directly re-ask and clarify)

“What treatment are you giving him? Is he in pain or suffering?”

If asked about patient's wishes:

“Dad told me he didn't want to be hooked up to machines to keep him alive.”

“He saw mum suffer after her stroke and cared for her for many years.”

“He said to me that when his time came to let him go peacefully.”

Other Questions:

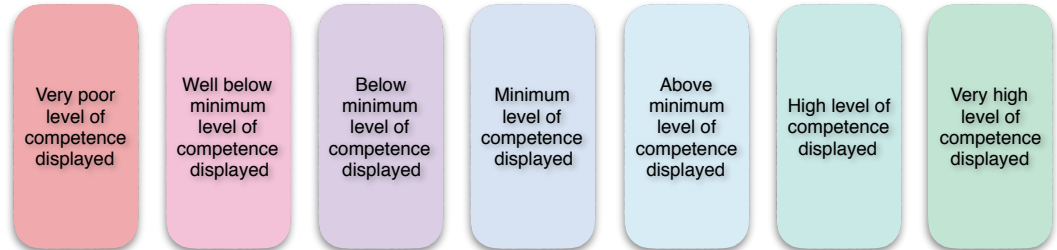
“Can we keep dad on life support until tomorrow for my brother to see him?”

“What happens now, where does he go, who looks after him?”

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



Please rate ALL 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

- ***CT Scan interpretation***
 - Massive bleed within the right side of the brain
 - Severely compressing the brain and resulting in severe, non-survival brain damage.
- ***Inoperable***
- ***Recognises and explains poor prognosis***

Communication

- ***Introduces self***, clarify actors relationship to patient, clarify what actor already knows
- Appropriate body language and nonverbal communication
- Clear explanation in lay terms of diagnosis and prognosis
 - Should clearly state that patient "***is going to die***" or similar
- Provides tissues
- Clear ***guidance regarding end of life decision making***
- Clarifies actor's understanding and invites questions

Health Advocacy

- Explain that Surgery and Intensive Care interventions are futile
- ***Should not extend life support*** for patient to allow family to travel from interstate
- Discusses patient's end of life wishes/advanced care directive
- ***Focus on patient's wishes not relatives'***

INFORMATION

Station Summary: Explanation of non-survivable intracranial haemorrhage including palliation and prognosis.

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 practising junior emergency physician , select the ONE option that best reflects the candidate's	☐	☐	☐	☐	☐

EXAMINER SIGNATURE: