

Question 1 (18 marks)

You suspect an elderly woman you are reviewing is a victim of elder abuse.

a) Outline the two (2) essential elements of elder abuse. (2 marks)

1. _____

2. _____

- An act (single or repeated) or lack of appropriate action that causes harm or distress to an older person
- Occurs within a relationship by a trusted person where there is an implication and/or expectation of trust
- GH
- Victim is dependent (? Accept ie implies by person they trust). Gave 0.5/1

b) Outline four (4) types of elder abuse with an example for each. (4 marks)

1. _____

2. _____

3. _____

4. _____

- Physical abuse causing pain and injury
- Verbal abuse designed to humiliate, degrade, demean, intimidate, or subjugate
- Sexual abuse including sexual assault
- Financial exploitation or economic abuse
- Psychological or emotional abuse involving manipulative behaviour intended to lower self-worth
- Social abuse such as through forced isolation from family or friends
- Neglect including deprivation of basic necessities

- c) List five (5) factors that can make an elderly person vulnerable to potential abuse.
(5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

- Poor physical health or physical limitations
- Depression
- Poor financial literacy
- Victim of prior domestic violence
- Language and/or cultural barriers
- Diminished capacity and/or cognitive impairment
- Dependency on others
- Disruptive behaviour
- Female gender
- Social and/or medical isolation
- Dysfunctional family setting
- Poor future planning
- Legal loss of control
- GH
- Pt is financially well off (no mark)
- Pt is financially dependent/low socioeconomic status (gave 1/1)
- Older person previously abusive to carer (gave 1/1)

- d) List four (4) characteristics of carers that predispose them to commit elder abuse.
(4 marks)

1. _____
2. _____
3. _____
4. _____

- Drug and alcohol dependence
- Mental illness
- Carer stress
- Gambling addiction/Financial hardship of the perpetrators
- Emotional dependence on the victim
- Financial dependence on the victim
- GH
- Carer prev abused by patient (gave 1/1).
- Carer has forensic Hx or prev abused themselves (gave 1/1)
- Carer socially isolated or cultural/language barriers (gave 0/1)

Despite discussion of your concerns for elder abuse, your patient refuses admission and social work intervention.

- e) Outline three (3) essential elements your patient must demonstrate to ensure that they are competent to make this decision. (3 marks)

1. _____

2. _____

3. _____

- The ability to maintain and communicate a choice including accepting the information as reality
- The cognitive ability to understand the relevant information including the medical condition and the options for treatment
- The ability to remember and retain information provided relevant to the decision
- The ability to appreciate the situation and its consequences including potential adverse outcomes and the likelihood of these outcomes
- The ability to use or weigh the information in a rational fashion and to indicate the major factors in their decision and the importance of these factors
- GH
- No cognitive impairment/intoxication – gave 0.5/1

Question 2 (12 marks)

A 92 year old female has fallen in her residential aged care facility and has pain in her left hip.

Her medical history includes hypertension and cognitive impairment. The vital signs are normal and her estimated weight is 35 kg. An X-ray left hip confirms a fracture of the left neck of femur.

A fascia iliaca regional anaesthetic block to manage her pain is planned.

a) List three (3) potential acute complications of this procedure. (3 marks)

1. _____

2. _____

3. _____

- Inadequate analgesia / Failure of procedure
- Intravascular injection / LA toxicity
- Neural injury (femoral nerve/obturator nerve/lateral cutaneous nerve of the thigh)
- Vascular injury / bleeding (femoral artery/vein)
- Infection (although low risk if technique correct)
- 0.5 marks for allergy/anaphylaxis

- b) Complete the table below regarding the anaesthetic agent you chose for this block.
(3 marks)

Drug name (1 mark)	
Total dose to be delivered in mg (1 mark)	
Final volume to be delivered in ml (1 mark)	

Drug name (1 mark)	Long acting e.g. bupivacaine or ropivacaine	
Total dose to be delivered in mg (1 mark)	- Bupivacaine (0.5%) 2-2.5mg/kg (max 85mg) or - Ropivacaine (0.75%) 2-3mg/kg (max 105mg)	Zero score if dangerous dose eg. 5 mg/kg of either (or ≥ 4 mg)
Final volume to be delivered in ml (1 mark)	Must be large volume (30ml +)	

Examiner Note: accept concentration + volume or dose (mg)

- c) In addition to analgesia, list six (6) interventions which can be initiated in the emergency department to reduce the likelihood of this patient developing a delirium. (6 marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- Frequent/repeated orientation
- Give usual medications
- Avoid medications with sedative or hallucinogenic properties
- Begin AWS if history/ concern for regular alcohol intake (Residential care noted)
- Keep fed and watered:
 - Meals at set times
- Bladder management, early IDC or regular pan
- Seek and treat cause of fall especially infection/stroke
- Engage family – accompany patient as much as possible
- Window access – maintain day/night (get to ward), sleep pattern, turning lights off at night. 1 Mark for these. Melatonin at night has some evidence for preventing delirium. Up to 1.5 marks if day night interventions + melatonin mentioned, 0.5 marks for melatonin on own without other interventions
- Provide glasses/hearing aids
- Consistent staffing presence
- Low background noise environment
- Early operative repair to minimise bedrest
- Television, radio to assist with stimulation
- Familiar objects
- Up to 1.5 marks for hydration/feeding/avoid prolonged fasting, but 2 marks if they mention “regular meal times”
- NOT constipation
- NOT pressure area care
- NOT chest physio
- NOT anti-emetic

Examiner Note: consider additional correct responses to be included.

Question 3 (12 marks)

An 84 year old independently living male was treated for a pre-tibial wound sustained when he fell 3 days ago. The wound was sutured at that presentation.

He has returned for concern about the appearance of his leg.

a) List four (4) patient factors that affect healing in elderly patients. (4 marks)

1. _____

2. _____

3. _____

4. _____

b) List four (4) wound factors or characteristics that can affect healing. (4 marks)

1. _____

2. _____

3. _____

4. _____

Patient Factors	Wound Factors
Malnutrition	Skin movement
Peripheral vascular disease/chronic venous insufficiency	Regional vascular deficiencies
Diabetes	Wound infection / contamination
Medications – corticosteroids	Gravity dependent areas
Organ dysfunction • cardiac • hepatic • renal	Suture tension / adequate skin-edge apposition (only accept one closure technique factor)
Smoking	Crush injury
Immunosuppressed	Wound location
Fragile skin/poor skin integrity	Wound size
Prolonged immobilization Reduced mobility/mobility issues – 0.5	Missed underlying deeper injury – foreign body, tendon injury,
Peripheral oedema Obesity Anticoagulants-haematoma	Missed fracture, open Depth- 0.5 mark “Flap” alone not enough to engender a mark

c) List four (4) situations where delayed primary closure is preferred (4 marks)

1. _____
2. _____
3. _____
4. _____

1. Late presentation – 0.5 marks
2. >24-48 hours delay to closure, less than 24 and more than 48 not accepted as correct
3. >24hr delay for facial wounds
4. Contaminated / infected wounds
5. Bite injuries – human or animal
6. Inability to oppose without excessive tension
7. Delay closure due to other treatment eg washout/ subspecialty involvement
8. Special groups- eg. Advanced age, DM, renal impairment, chronic steroid use, obesity, impairment nutrition, smoking

Examiner Note: Accept relative contra-indication for early, non-contaminated dog bites as per paper, not absolute.

Question 4 (12 marks)

A 65 year old male arrives intubated, ventilated and sedated after collapsing at home. A subsequent non-contrast CT brain has demonstrated a non-survivable intracranial haemorrhage.

The patient did not have an Advance Care Directive/Plan.

a) List two (2) benefits of a well-documented Advance Care Directive/Plan. (2 marks)

1. _____

2. _____

- Can reduce rates of non-beneficial care and hospitalisation
- Allows patients choice to remain and be cared for in their preferred location*
- Allows patients' wishes to be respected in the event of a medical crisis *
(*where the patient is unable to fully communicate their wishes)
- Reduced stress on families and reduced stress on staff
- Marks for patient / family / staff (1 each)

b) List six (6) non-pharmacological supportive measures to ensure excellent end-of-life care. (6 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

- Timely and sensitive end-of-life discussions
 - Multi-disciplinary input and approach
 - Close collaboration with treating teams and palliative care services
 - Provision of a suitable place for patients and families to be
 - Ensure warmth
 - Access to appropriate food and drink for patient and family
 - Documentation of end-of-life discussion in medical record
 - Actively avoiding procedures that do not enhance comfort
 - Offering appropriate cultural and religious care including pastoral input
 - Access to any items previously identified to be with the patient
 - Identifying those suitable for potential organ donation and upholding patient wishes
-
- Environment - side room - music / food / beverages / seating 2 max
 - Patient / personal care - / avoiding procedures / monitoring / 3 max
 - Max 1 for removal of monitoring or avoiding interventions
 - Max 1 for toileting care
 - Max 1 for cares involving the head (eyes / oral)
 - Max 1 for pressure / skin cares
 - Psychosocial - cultural / religious – 2 max
 - MDT / staff 1 max
 - Access for family. and updating from clinicians —> 1 max

c) List four (4) criteria that identify a patient as a potential organ donor. (4 marks)

1. _____
2. _____
3. _____
4. _____

- No maximum age, must be > 16y
- GCS less than or equal to 5
- Intubated / Ventilated
- Receiving end-of-life care
- Condition likely to cause irreversible cessation of all brain function (brain death)
- Condition likely to cause irreversible cessation of the circulation of blood in the body (circulatory death)
- Prior expressed wishes OR presence on organ donor registry NOT just family expressing wish

This doesn't include the NEGATIVES that exclude a patient from donating.

Only criteria that positively identify a patient for organ donation are accepted, not exclusion criteria.