

STATION 16 END OF LIFE CARE

1. STATION SUMMARY

The patient is an 86 year old lady who has been living in a nursing home for the last 10 years. She has severe dementia and is unable to communicate. She has had a number of admissions to hospital in the last 6 months with aspiration pneumonia. She is now drowsy. Initial observations: P 110, BP 120/70, T 39.0 RR 15 SpO2 85% room air. Drowsy, not speaking. The Candidates clinical impression is that it would be most appropriate for the patient to be managed with palliative care in the nursing home with the expectation that she will die in the next few days. The candidate is the treating doctor and their task is to discuss the proposed management with the patient's only daughter.

2. CANDIDATE INSTRUCTIONS

You are the Consultant on duty. You have completed your assessment of an 86-year-old lady who has been living in a nursing home with high level/ hospital-level care for the last 10 years. She has severe dementia and is unable to communicate. She has had a number of admissions to your hospital in the last 6 months with aspiration pneumonia.

She has presented with cough and increased drowsiness.

Initial observations:

P 110, BP 120/70, T 39.0

RR 26

SpO2 88% room air

Drowsy, not speaking

Your assessment is that she has another significant aspiration pneumonia. Your clinical opinion is that it would be most appropriate for the patient to be discharged for palliative care in the nursing home with the expectation that she will die in the next few days.

Your task is to:

- As the treating doctor, discuss your assessment and proposed management with the patient's only daughter

This OSCE will assess the following domains:

- Communication
- Health Advocacy
- Prioritisation and Decision Making

3. ROLE-PLAYER INSTRUCTIONS

Your Background

You are playing the role of Deborah, a 55 year-old lady. You are married with 2 grown children who have left home but live in the same city. Stephen is a 25 year-old mechanic, single but in a stable relationship with no children; Felicity is a 20 year-old studying arts, single, not in a relationship.

Your husband is a high school teacher who is teaching economics to year 11 and 12 students. He is happy and loves his work. You have a good relationship. You drink socially and do not smoke. You are quite active. You walk a lot and play social tennis. You are not working, but involved in a number of women's groups including craft groups where you are learning quilting and painting.

Your Mother

Your father has been dead for 10 years. He died suddenly after a severe stroke.

Your mother has been living in a nursing home since the death of your father. She has deteriorated over the last 10 years with dementia. She is now unable to communicate at all. She seems to recognise you when she is well, but it is difficult to be sure. She cannot eat without assistance and is spoon-fed by the staff in the nursing home. She is unable to walk and has to wear incontinence pants as she is incontinent of urine and faeces. You are her only child and hold EPOA (Enduring Power of Attorney) for health/other matters.

She has had a number of admissions to hospital in recent months with pneumonia. She has been quite sick but has always recovered. During one of the recent admissions it was suggested that a tube could be put in to her stomach via a small incision to assist with feeding, but you did not want that done because it seemed 'invasive' and she got better. 'End-Of-Life' care was not raised during the recent admissions however you were told several times that she might die.

Now your mother has been taken to hospital by ambulance again. She has a fever and a cough and is quite breathless. She is drowsy but does not appear distressed. The doctor has decided that your mother has severe pneumonia (chest infection) again and that she is likely to die in the next few days.

The Medical Position

The doctor feels that the most appropriate care at this stage would be to give her medications to 'keep her comfortable' and accept that your mother is dying and the time has come to avoid non-beneficial medical intervention. Medications will most likely include morphine as an analgesic as needed. The candidate (the doctor) is required to talk to you about the most appropriate care for your mother, including your feelings around the option to send your mother back to the nursing home where she will most likely die in the next few days. It is appropriate to discharge your mother for reasons including:

- It appears likely that she will die with or without treatment
- There is no obligation to provide treatment to patients that is not likely to alter the outcome or are not beneficial. Treatments may be invasive/painful. Aggressive non-beneficial care is not good medical practice.
- It should be possible to provide high quality end-of-life care in her Nursing home with Nursing care, analgesia, sedation etc.
- Patients often prefer to die in a 'familiar' environment where they know people
- Elderly patients often have recurrent admissions in the last weeks to months of their life – aggressive treatment is often not what they/others would want
- Hospital beds/treatments are a 'resource' that should be used appropriately where they can provide a benefit or difference to patients
- It may not be in keeping with the patients prior wishes: many people would not like to have ongoing treatment when they reach the point of having a poor quality of life (i.e. being bedbound/dependent/with dementia)

Good medical practice would be for the Doctor to explain their rationale to you and seek your opinion/agreement, seek some understanding of what your mother would want (were she able to speak for herself) – it would be unlikely to occur if you are not supportive. They need to discuss with you/establish an approach towards:

- return to the Nursing home for end of life care
- how to ensure that quality end of life care is delivered
- other relevant decisions e.g. use of antibiotics/fluids etc.

Your Position

You have seen your mother in recent admissions rapidly improve despite being 'quite sick' and being told previously that the outlook was not good. You expect her to recover again and your initial thought is that you 'want everything done' or 'the same treatment as last time'. On reflection and discussion with an empathetic Doctor who seems motivated to do 'what is right for your mother' and is focused on her comfort you reflect and decide that actually your mother wouldn't like to continue like this and neither would you. Her comfort is what is important and a 'well managed comfortable death at her Nursing Home where she knows people' would be preferable to her and to you.

If the candidate is caring and compassionate and explains the situation clearly and well, then you should accept their explanation and accept that palliative care (allowing your mother to die peacefully and with dignity) is appropriate but if their explanation makes you angry then you should become upset/distressed.

- If you feel that the candidate's primary focus is expediency and not wanting 'to use resources/a hospital bed' you will become resistant. The same 'content' delivered with explanation/empathy and a focus on your mother's comfort and what she would want will be received positively

Once you have accepted the idea of your mother returning to the Nursing Home to die you have a number of practical questions that require answers:

- *'How long will she last?' 'What will the 'end' be like?'*
- *'What about antibiotics ... that's what she had last time?'*
- *'If she is not eating/drinking then doesn't she need IV fluids? I don't want her to be thirsty or uncomfortable.'*

Motivation is mother's comfort – if the above explanations are reassuring then you accept them and ask:

- *'What needs to happen from here?'* (to make the plan work)

4. EXAMINER INSTRUCTIONS

The patient is an 86 year-old lady who has been living in a nursing home for the last 10 years. She has severe dementia and is unable to communicate. She has had a number of admissions to hospital in the last 6 months with aspiration pneumonia.

She has now presented drowsy, not speaking, with another episode of pneumonia

Initial observations: P 110, BP 120/70, T 39.0, RR 15, SpO2 88% room air.

The candidate's clinical opinion is that it would be most appropriate for the patient to be managed with palliative care in the nursing home with the expectation that she will die in the next few days. The candidate is the treating doctor and their task is to discuss the proposed management plan with the patient's only daughter.

Key Actions Expected from Candidate

It is expected that the candidate will introduce themselves, explain the current situation, make an effort to assess the level of functioning of the patient and the patient's likely wishes / the daughter's understanding and wishes, and then discuss the benefits of palliative care of the patient in the nursing home, the aims of care and the expected outcome, in a caring and compassionate manner.

This OSCE will assess the following domains:

- Communication:
 - Demonstrate a broad range of communication strategies to facilitate discussions around sensitive issues with patients, families and other staff.
- Health Advocacy
 - Assess the impact of an acute illness or injury on the chronic state of a patient, and identify when the goals of emergency care should become palliative.
 - Decide on appropriate goals of care and limitation of medical treatment for a dying patient.
- Prioritisation and Decision Making
 - Justify the recommendation to transfer a patient to another health care facility.
 - Specify the resources that will be required to address ongoing post-disposition patient needs.

You should not interact with either the candidate or the role-player during the OSCE.

Examiner Mark Sheet

CONFIDENTIAL Examiner Rating: OSCE 16

CANDIDATE barcode



EXAMINER 1
barcode

EXAMINER 2
barcode

COMPONENT ASSESSMENT

For each Domain below, select the **ONE** 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 competence displayed	Well below minimum level of competence displayed	Below minimum level of competence displayed	Minimum level of competence displayed	Above minimum level of competence displayed	High level of competence displayed	Very high level of competence displayed
Prioritisation and Decision Making	☐	☐	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐	☐	☐
Health Advocacy	☐	☐	☐	☐	☐	☐	☐

Detailed assessment criteria

Please use the following criteria to inform your ratings above

Prioritisation and Decision making	Justifies the recommendation to transfer the patient back to the nursing home. - Shows awareness of the resources required to address palliative care needs in the nursing home. - Recognizes that IV antibiotics/ IV fluids offer little benefit (symptoms/otherwise)
Communication	- Candidate introduces themselves + makes appropriate opening statement - Checks if there is a friend or relative who can come to support them/offer support of ED social worker Uses appropriate language to explain the current situation to the daughter clearly and communicates that the mother is seriously ill and likely to die. Explains why most appropriate plan to return patient to nursing home to die peacefully in familiar surroundings/surrounded by staff and family known to her. - Explains that further medical interventions would be futile, prolong suffering, not lead to recovery Candidate needs to give role player opportunity to express her concerns / issues, gain rapport, provide appropriate empathy. - Uses skills to support/ deescalate/ resolve issues.
Health Advocacy	- Assesses the impact of an acute illness or injury on the chronic state of a patient, and identifies that in this case the treatment provided should be palliative. Decide on appropriate goals of care and appropriate medical treatment for a dying patient and explains these to the daughter Patient focused: what patient would want/ patient comfort - Awareness of 'needs of NOK' in End-of-life situations - Awareness of appropriate use of health care resource

Page 1 of 2 (please turn over)

Examiner Mark Sheet (cont')**CONFIDENTIAL Examiner Rating: OSCE 16****INFORMATION**

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EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence this 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 or 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 performance in this station:	☐	☐	☐	☐	☐

EXAMINER SIGNATURE:

OSCE 1

Page 2 of 2 (end of form)