

## **Community Care Planning 1 – Notes for Candidate**

**Community Care Planning Station 10 minutes**

**Patient: Jane Smith (56F)**

You are working as a foundation doctor in a local GP surgery.

You are about to see Jane Smith, a 56 year old who has recently been diagnosed with frontotemporal dementia.

You are expected to:

Take a brief history and discuss care planning with the patient.

## Community Care Planning 1 – Notes for Actor

### **Patient demographics:**

Jane Smith, 56F, being seen today in the GP practice for CCP after frontotemporal dementia diagnosis.

### **History of Presenting Complaint:**

- Was diagnosed with FTD a few weeks back after she was found wandering the streets and shouting at people in the middle of the night. She also lost £10,000 gambling in the local casino and has lost a few friends due to her personality changes.
- She is aware of the prognosis and the disease process.
- She has been referred here by her specialist to discuss care planning.

### **Presenting Information/Questions to ask:**

1. What is care planning? – you have no understanding of CCP.
2. If social care referral/carehome mentioned – inquire as to the financial cost.
3. What's the point of doing all these things if you can't cure my condition?
4. I've heard of something called a lasting power of attorney, what is that? – you wish for your son to be your LPA. He is not present.
5. DNACPR – once fully explained, your final stance will be to prioritise comfort and not be resuscitated.
6. Be hesitant to accept anything which might cost you money, such as a carehome.

### **PMH + Surgical History**

- Hypertension (controlled)

### **Drug History**

- Ramipril for hypertension
- NKDA

### **Family History**

- Nil

### **Social History**

- You live alone, no support network
- No smoking or alcohol
- Struggle to prepare meals.
- Poor control over finances
- Mobility is fine
- Mood: depressed
- You do not drive

### **Diagnosis**

Frontotemporal dementia

## Community Care Planning 1 – Examiner marksheet

<b>MARKING RUBRIC</b>	✓
<b>Opening:</b> <ul style="list-style-type: none"> <li>• Introduces themselves.</li> <li>• Confirms Patient demographics.</li> <li>• Explains and gains consent from patient about consultation.</li> </ul>	
<b>Identification of Needs</b> <ul style="list-style-type: none"> <li>• Clarifies details of event requiring hospitalisation and subsequent problems</li> <li>• Accurately identifies patients short- and long-term care needs post discharge</li> <li>• <b>Brief and focussed history is sufficient and preferable</b></li> </ul>	
<b>Care Planning Discussion</b> <ul style="list-style-type: none"> <li>• Explains what care planning is and why it is required</li> </ul>	
<b>CARE PLAN</b> <ul style="list-style-type: none"> <li>• <b>Discusses and agrees upon a joint plan for short AND long term care</b></li> <li>• Discusses sensible options such as meals on wheels, OT/PT assessment, admiral nurses, social care referral for carers, social prescriber.</li> <li>• DVLA and driving</li> <li>• Discusses care home/nursing home options as a priority since she lives alone and has wandered out at night.</li> <li>• Discusses as a priority an LPA to make not only health decisions but also financial decisions.</li> <li>• Discusses or at least opens discussion about DNAR and preferred place of death.</li> <li>• Correct knowledge about the financial aspect of care homes/nursing homes</li> <li>• <b>Brief risk assessment</b></li> </ul>	
<b>Patient-Centred Approach</b> <ul style="list-style-type: none"> <li>• Demonstrates empathy and sensitivity in discussion</li> <li>• Clearly establishes the patient’s wishes and priorities for care – and these are reflected in the agreed care plan.</li> <li>• Actively involves the patient in formulating the care plan</li> <li>• Communicates clearly avoiding jargon</li> </ul>	
<b>Holistic Care</b> <ul style="list-style-type: none"> <li>• Fully explores both health and social care needs</li> <li>• Fully considers breadth of services and agencies available for ongoing care and support</li> <li>• Considers family and voluntary sector support.</li> </ul>	
<b>Ending consultation:</b> <ul style="list-style-type: none"> <li>• Summaries and clarifies any points + signposting</li> <li>• Thanks Patient</li> </ul>	

### **Global Impression:**

- Excellent
- Good
- Pass
- Borderline
- Fail

### **Patient Impression/comments:**