

Community Care Planning 2 – Notes for Candidate

Community Care Planning Station 10 minutes

Patient: Doris Hathway (72F)

You are working as a foundation doctor in the geriatrics department.

You are about to see Doris Hathway, a 72-year-old lady who has been admitted for post-operative recovery following a hemiarthroplasty which was performed following an intracapsular hip fracture. She remains in hospital because she lives alone and cannot be safely discharged home at present.

You are expected to:

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

Community Care Planning 2 – Notes for Actor

Patient demographics:

Doris Hathway, a 72-year-old lady has been admitted to the geriatrics ward for post-operative recovery following a hemiarthroplasty which was performed following an intracapsular hip fracture. She remains in hospital because she lives alone and cannot be safely discharged home at present.

History of Presenting Complaint:

- Longstanding poor mobility secondary to osteoarthritis.
- Fallen several times – no head injuries sustained, not cardiogenic or vasovagal. She keeps falling due to her pain and poor mobility. Sustained only cuts and bruises until now when she had an intracapsular #NOF.

Presenting Information/Questions to ask:

1. What is care planning? – you have no understanding of CCP.
2. If social care referral/carehome mentioned, be opposed to this idea.
3. DNACPR – once fully explained, your final stance will be to prioritise comfort and not be resuscitated.
4. Ask if anything can be done to help you move around easier, like a mobility scooter
5. Be open to all suggestions.

PMH + Surgical History

- Hypertension (controlled)
- T2DM (controlled)

Drug History

- Ramipril for hypertension
- Metformin for T2DM
- Ibuprofen + co-codamol for OA pain
- NKDA

Family History

- Nil

Social History

- You live alone, no support network.
- You smoke 5 cigarettes per day – for the last 30 years
- You do all AODL but with a lot of struggle. It takes you 1 hour to do a round trip to the shops which are normally a 10 minute walk.
- Mobility is very poor.
- You live in a house with stairs. You haven't been upstairs in a while due to mobility.
- You mobilise with a walking stick, you do not drive.

Diagnosis

Post-Op from hemiarthroplasty for #NOF, poor mobility, unsafe for d/c.

Community Care Planning 2 – Examiner marksheet

MARKING RUBRIC	✓
Opening: <ul style="list-style-type: none"> Introduces themselves. Confirms Patient demographics. Explains and gains consent from patient about consultation. 	
Identification of Needs <ul style="list-style-type: none"> Clarifies details of event requiring hospitalisation and subsequent problems Accurately identifies patients short- and long-term care needs post discharge. Brief and focussed history is sufficient and preferable 	
Care Planning Discussion <ul style="list-style-type: none"> Explains what care planning is and why it is required 	
CARE PLAN <ul style="list-style-type: none"> Discusses and agrees upon a joint plan for short AND long term care Discusses sensible options such as meals on wheels, OT/PT assessment, social care referral for carers, social prescriber, age UK volunteers to help with shopping, etc etc. DVLA and driving. Discusses care home/nursing home options as a priority. Discusses LPA or opens discussion into arranging a future appointment to discuss LPA. Discusses or at least opens discussion about DNAR and preferred place of death. Mobility scooters are not available on the NHS and have to be privately purchased. MUST suggest to do a medication review and change co-codamol for a non-opioid medication. Brief risk assessment 	
Patient-Centred Approach <ul style="list-style-type: none"> Demonstrates empathy and sensitivity in discussion Clearly establishes the patient’s wishes and priorities for care – and these are reflected in the agreed care plan. Actively involves the patient in formulating the care plan Communicates clearly avoiding jargon 	
Holistic Care <ul style="list-style-type: none"> Fully explores both health and social care needs Fully considers breadth of services and agencies available for ongoing care and support Considers family and voluntary sector support. 	
Ending consultation: <ul style="list-style-type: none"> Summaries and clarifies any points + signposting Thanks Patient 	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: