

Community Care Planning 3 – Notes for Candidate

Community Care Planning Station 10 minutes

Patient: Michael Taylor (56M)

You are working as a foundation doctor in a GP practice.

You are about to see Michael Taylor, a 56-year-old man who has a known diagnosis of progressive relapsing-remitting multiple sclerosis. He has come to discuss care planning.

You are expected to:

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

Community Care Planning 3 – Notes for Actor

Patient demographics:

Michael Taylor, a 56-year-old man has come to the GP to discuss care planning due to his diagnosis of multiple sclerosis.

History of Presenting Complaint:

- Diagnosed with MS 13 years ago, you have a full understanding of the diagnosis and its prognosis.
- A friend at the local MS support group was telling you about his CCP, you hadn't heard this term before and wanted some clarification.
- SYMPTOMS: optic neuritis (very poor vision) due to which you have fallen or bumped into things. No peripheral sensory disturbance at present. No urinary incontinence.

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 extend your life and forgo comfort.
4. Ask what happens if you change your mind about your advanced decisions later down the line.
5. Be in denial throughout the consultation but accept suggestions after the student makes more than one attempt to reach an agreement with you.

PMH + Surgical History

- MS – under specialist team

Drug History

- NKDA

Family History

- Nil

Social History

- You live alone, but have a good support network around you.
- No smoking or alcohol.
- You can manage all AODL, but when you have flares it is impossible to manage.
- Mobility is fine.
- You live in a house with stairs.
- You do drive.

Diagnosis

Multiple Sclerosis

Community Care Planning 3 – 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 during flares, etc etc. • Makes sensible suggestions to deal with visual impairment, such as referral to specialist, or signposting to local MS support group/charity. + OT assessment to improve home safety. • DVLA and driving → advise him that he MUST tell the DVLA about his diagnosis. • Discusses care home/nursing home options. • 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. • Correct knowledge demonstrated about advanced decisions and the patient’s ability to change them later down the line. 	
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: