

Sample Stations - Part II (OSCE)

SAMPLE STATION #1

Interactive Station (with a Standardized Patient) – involving a prescription medication

TITLE: Cancer Pain Control

OBJECTIVES:

- To counsel a patient on a new prescription for pain control
- To address the patient's concerns regarding pain medications

COMPETENCIES TESTED:

Competency 2 Patient Care

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| Elements | 2.1 | Develop a professional relationship with the patient. |
| | 2.2 | Obtain information about the patient. |
| | 2.3 | Assess the patient's health status and concerns. |
| | 2.4 | Determine the patient's actual and potential drug therapy problems. |
| | 2.5 | Develop the patient's care plan, in partnership with the patient. |
| | 2.6 | Implement the patient's care plan. |
| | 2.8 | Monitor the patient's progress and assess therapeutic outcomes. |

Competency 7 Communication and Education

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| Elements | 7.1 | Establish and maintain effective communication skills. |
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CANDIDATE'S INSTRUCTIONS:

You are working in a community pharmacy. A patient who has been taking morphine sustained release tablets for cancer pain is experiencing increasing pain. He is now being started on morphine oral solution and has some questions and concerns about using it.

Assess the situation and respond as you would in practice.

Time Frame: You have 7 minutes to complete this station.

SCENARIO DESCRIPTION:

An elderly patient who has been taking long-acting morphine tablets for cancer pain was recently prescribed morphine liquid for breakthrough pain. The patient is hesitant to take the morphine liquid because when he first started taking morphine tablets he was constipated and fatigued. He is seeking the pharmacist's advice.

CLIENT: Ted Wheaton, 70 year old male

Patient Background, Behaviour, Affect and/or Mannerisms:

- Obvious discomfort (moving slowly and carefully).
- Appears somewhat anxious.
- Willing to listen to all advice from pharmacist

Patient Record (Profile) Information:

Patient Name: Ted Wheaton
Gender: Male
Age: 70 years old
Allergies: None known
Medical History: Prostate cancer, diagnosed 3 years ago
Medications: Sustained release morphine sulfate tablets (MS Contin) 30 mg every 12 hours (8am / 8pm); prescribed and filled 2 months ago and again yesterday
Morphine oral solution 1 mg/mL, 5 mL every 4 – 6 hours when needed for pain; prescribed and filled yesterday

Other Information (Standardized Patient responds as follows, when asked):

Current symptoms, chronology:

- Over the past two weeks Mr. Wheaton has experienced pain between doses of morphine (MS Contin).
- He takes morphine pills at 8 a.m and 8 p.m.
- He has more pain in the early evening (pain starts before the evening dose around 5:30-6 pm) and at night.
- The pain in his hips often limits his ability to take his evening walks.
- He has trouble sleeping because of the pain.
- He went to his doctor yesterday for a new prescription for morphine pills; his doctor gave him a new prescription and also prescribed morphine liquid. He didn't ask the doctor if he should take both or just one or the other.
- He did not start taking the liquid yesterday because he was concerned about how to take it along with the pills.
- He has a dosing cup at home for the liquid.

Social / Lifestyle:

- Non-smoker.
- Moderate alcohol intake - a beer or glass of wine once or twice a week.
- Lives alone in an assisted-living complex, with family support.

Other:

- He tried Tylenol extra strength (1 tablet twice daily) a couple of times, but it did not help.
- He cannot remember if the doctor said anything about taking or not taking the Tylenol.
- He has had occasional constipation, but not as much as when he first started taking morphine tablets.
- He did not take anything for constipation (and does not know what to take for it); he is more concerned about taking care of the pain.
- He does not take any other medications.

STANDARDIZED PATIENT INSTRUCTIONS:

Patient's Opening Statement:

"I got this new prescription for morphine liquid yesterday; and I'm uncertain about how to use it along with my morphine pills, and what it will do to me if I take both of them. Would you explain to me how I should take it and anything else I should know about it?"

If not explained by the candidate, the Standardized Patient **must** ask:

"Should I stop using my morphine pills and just use the liquid regularly?"
(if candidate does not explain the use of both medications)

"I'm just wondering how much I could take before I go to bed?"
(if candidate does not explain morphine liquid dosing)

"Will it make me groggy (like the morphine pills did)?" OR "Will I have it with this stuff too?"
(if candidate does not address drowsiness as a side effect)

By the 5-minute mark, if the candidate has not explained how to take both medications together or the safety or benefit of taking both medications, the SP must say:

"I'm uncertain about what it will do to me if I take both of them together."

ASSESSOR INFORMATION (Outcome Rating Guidelines):

Problem Solved (full solution) if candidate:

- ★ Explains use of both medications: to continue taking morphine tablets regularly AND to take liquid morphine if needed / when pain recurs.
- ★ Explains dosing of the morphine liquid.
- ★ Explains drowsiness side effect: the patient may initially experience more drowsiness (while taking both tablets and liquid) and that it will lessen.

Solved/Marginal (partial solution) if candidate:

- ★ Explains use of both medications, but less thoroughly.
- ★ Explains dosing of morphine liquid, but less thoroughly (e.g. misses bedtime dose).
- ★ Explains drowsiness side effect, but less thoroughly (e.g. does NOT indicate that it will lessen).

Uncertain if candidate:

- ★ Explains use of both medications.
- ★ Explains dosing of the morphine liquid OR side effects, NOT BOTH.

Unsolved if candidate:

- Provides incorrect dosing information (resulting in potential treatment failure or potential harm).
- Suggests taking either liquid or tablets, NOT both.
- Suggests taking both may be unsafe.
- Suggests taking Tylenol first, then morphine liquid if Tylenol ineffective (delays effective therapy, prolongs pain)

STATION MATERIALS AND REFERENCES:

Patient Record (Profile): see below
Reference: CPS

PATIENT RECORD

| | | | |
|-------------------|--|-------------------|---------------------------|
| PATIENT: | WHEATON, Ted | AGE: | 70 years old |
| ADDRESS: | 69 Hampton Crescent City, Province | GENDER: | Male |
| PHONE: | 223-6778 | ALLERGIES: | None known |
| PHYSICIAN: | Dr. T. Warden | COMMENTS: | Prostate cancer x 3 years |
| ADDRESS: | 100 - 3433 Wood Avenue City, Province | | |
| PHONE: | 246-8943 | | |

| Rx # | Medications- Directions | Qty | Physician | Repeats Authorized | Repeats Remaining | Dispensing Intervals | | |
|------|---|--------|-----------|--------------------|-------------------|----------------------|------------------|--------------|
| | | | | | | Original | Refill Frequency | Last Filled |
| 3 | Morphine Oral Solution 1 mg/mL Take 5 mL every 4 to 6 hours if needed for pain. | 250 mL | T. Warden | 0 | 0 | yesterday | | yesterday |
| 2 | Morphine (MS Contin) 30 mg Take one tablet every 12 hours. | 120 | T. Warden | 0 | 0 | yesterday | | yesterday |
| 1 | Morphine (MS Contin) 30 mg Take one tablet every 12 hours. | 120 | T. Warden | 0 | 0 | 2 months ago | | 2 months ago |

EXAMINATION MASTER

Please do not mark in any way.

CHECKLIST (expected candidate responses):

1. Confirms patient identity.
2. Confirms that patient takes long-acting morphine every twelve hours.
3. Determines that patient is experiencing pain between doses of MS Contin.
4. Explains that MS Contin is long-acting and morphine liquid is short-acting.
5. Explains use of both medications:
 - both medications should be taken / it is safe to take both medications / do not stop Ms Contin
 - take MS Contin regularly (as before)
 - take liquid morphine if needed / if pain recurs between MS Contin doses
6. Explains dosing of morphine liquid:
 - 5 mL every 4 to 6 hours if needed (up to 6 times a day)
 - 5 mL before bedtime (to help control pain overnight)
7. Suggests keeping a log (recording) of each dose of liquid morphine (to review with doctor / to assess pain control.)
8. Suggests contacting doctor if liquid morphine is needed often/if pain not controlled.
9. Asks about side effects (e.g., drowsiness, constipation).
10. Explains drowsiness side effect:
 - the added (liquid) morphine may cause more drowsiness
 - drowsiness will lessen (as the body gets used to the added morphine)
11. Recommends measures to relieve constipation: laxative or non-drug measures (e.g. more fibre/raw fruits and vegetables in diet, increased liquid intake).
12. Determines that the patient tried Tylenol / that Tylenol was ineffective.
13. Explains/confirms appropriate use of Tylenol OR suggests stopping Tylenol.
14. Explains/recommends to take either morphine tablets or liquid, not both OR that taking both may be unsafe (**Unsolved**):
15. Explains incorrect dosing of liquid morphine (e.g. take regularly, take Tylenol first then liquid morphine if Tylenol doesn't work, other unsafe or ineffective dosing/timing) (**Unsolved**)

RATINGS (to be based on standard rating guidelines and Assessor Information above):

Communications

- 4=Acceptable
- 3=Acceptable/Marginal
- 2=Unacceptable/Marginal
- 1=Unacceptable

Outcome

- 4=Problem Solved
- 3=Solved/Marginal
- 2=Uncertain
- 1=Unsolved

Performance

- 4=Acceptable
- 3=Acceptable/Marginal
- 2=Unacceptable/Marginal
- 1=Unacceptable

Misinformation Yes No

Risk to Patient Yes No