

# Sample Stations - Part II (OSCE)

## SAMPLE STATION #1

Interactive Station (with a Simulated Participant) – 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 1A Providing Care: Clinical Care

Elements	1.1	Obtain relevant patient information.
	1.2	Assess the patient's health status and unique needs, goals, and preferences, in partnership with the patient.
	1.3	Develop a plan for the patient's care in collaboration with the patient and their circle of care.
	1.4	Implement a plan for the patient's care in collaboration with the patient and their circle of care.
	1.5	Monitor the patient and collaborate with the patient and their circle of care to revise the plan for the patient's care.

#### Competency 3 Communication and Collaboration

Elements	3.1	Use effective communication skills.
	3.2	Work in partnership with the patient.

#### Competency 5 Professionalism

Elements	5.1	Adhere to relevant legislative and regulatory requirements.
	5.2	Apply ethical principles to practice.

### CANDIDATE'S INSTRUCTIONS:

You are working in a community pharmacy. A patient will come in to discuss a new medication.

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.

**SIMULATED PARTICIPANT (SP):**

Name: Ted Wheaton  
Gender: Male  
Age: 70 years old

**Behaviour, Affect and/or Mannerisms:**

- Open to suggestions from the pharmacist.

**Patient Record (Profile) Information:**

Patient Name: Ted Wheaton  
Gender: Male  
Age: 70 years old  
Allergies: None known  
Doctor's Name: Dr Warden  
Medical History: Prostate cancer, diagnosed 3 years ago  
Current 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** (SP responds as follows, when asked):

- Over the past two weeks, he has experienced pain between doses of MS Contin.
- He takes MS Contin pills at 8 am and 8 pm.
- 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 for MS Contin 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 morphine liquid yesterday because he was concerned about how to take it along with the MS Contin pills.
- He has a dosing cup at home for the morphine 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 Tylenol.
- He has had occasional constipation, but not as much as when he first started taking morphine tablets.
- He hasn't taken anything for the constipation (and does not know what to use); his primary concern is managing his pain.
- He does not take any other medications.

## **SIMULATED PARTICIPANT INSTRUCTIONS:**

### **Opening Line:**

“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 SP **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.”

**Closing Line:** “Thank you.”

### **ASSESSOR INFORMATION** (to guide scoring):

**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)



**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 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. increased fibre/raw fruits and vegetables, increased and 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