

# OSCE demo

## Oral Structured Clinical Examination

- Patient interview.
  - ✓ Aim: Identify incorrect medications in medication list
- Physician discussion.
  - ✓ Aim: Implement correct medication list

Tommy Eriksson  
Ulrika Gillespie

- Teaching goals, the workshop coach will
  - describe and demonstrate a method for training pharmacists to identify and resolve admission Med Rec problems
- Learning objectives. At the end of this session, participants will be able to
  - understand the importance of systematic training sessions to improve patient care
  - describe the demonstrated model
  - implement a (the?) model in their own environment
  - communicate with educational and professional bodies to implement a national systematic training module



# The OSCE sessions

1. Preparation for patient meeting (15 min)  
Perform a fast medication review; id potential DRP needing clarification, prepare the admission Med Rec form
2. Patient meeting (10 min)  
Interview based on the adm Med Rec form i.e.  
Id a correct medication list, handling-, knowledge- and adherence problems. Other DRPs
3. Preparation for meeting the physician (30 min)  
Id, summarize och prioritize DRP for suggested actions by the physician. Prepare arguments and counter-arguments.
4. Meeting the physician (10 min)  
Suggest changes in prescription based on prioritized DRPs.



# Training to perform Admission Med Rec

1. Read SOPs and forms
2. Observe an experienced clinical pharmacist
3. Perform an educational OSCE
4. Stepwise; observe, perform with help, perform independently. Reflection, discussion and fill the form
5. Perform an OSCE examination
6. Licence to independently practice adm Med Rec

## Training duration

- Patient Adm Med Rec 2-8 weeks
- Physician discussion 2-8 months



# This afternoon

- 14:15-15      Demo and video recording of patient interview and discussion with physician for implementation of a correct medication list based on patient case and instructions
- 15:30-16:30   Video viewing and assessment of pharmacist performance using grading criteria forms
- 16:30-17:30   Group session practice of a a new case
- 17:30-18      Summary and discussion



# In THIS demo session

- Preparation for meeting the patient (15 min)
  - Perform a fast medication review; id potential DRP needing clarification, prepare the admission Med Rec form
- Patient meeting (10 min)
  - Id correct medication list, handling-, knowledge- and adherence problems. Other DRPs
- Preparation for meeting the physician (30 min)
  - Summarize och prioritize DRP for suggested actions by the physician. Prepare your arguments and counter arguments.
- Meeting the physician (10 min)
  - Suggest changes in prescription based on prioritized DRPs.



# Help and evaluations

- SOP and support (not provided)
  - Patient adm Med Rec
  - Med Rev and Physician discussion
- Systematic forms
  - Adm Med Rec (LIMM Med. Interview Questionnaire)
  - Med Rev (LIMM Med Rev Form)
- Training and examination of Adm MedRec and evaluation of performance (patient and physician) (grading criteria, appendix 1)
  - Information and instructions
  - Patient meeting
  - Physician meeting



# Support for OSCE evaluations

Attached for this session (Appendixes)

1. Training and examination of Adm MedRec and evaluation of performance (patient and physician)
2. Patient case (David 75 years)
3. Instructions to patient
4. Instruction to physician

Also needed in real life training with several students

- Description and time flow-chart, 4 stations





# Patient case: David 75 years 1(2)

- Admitted to medical ward after arriving at the emergency room with sweats, malaise and vomiting on Saturday.
- You meet him at 9 am on Monday morning and the nurse says that he is already much better
- For the past 5 years he has been posted 7 times for sepsis, gallstone attacks and major problems with pain from his ostomy. The ostomy is now removed 6 weeks ago. He received a new heart valve 9 years ago and is prescribed warfarin.
- Living in central apartment with his wife. Have no community help
- Lab including INR, OK



# David 75 years 2(2)

## Status

- Blood pressure (mmHg). Decreased from 185/110 to 145/90 (8pm)
- Puls (beats/min), decreased from 85 to 65
- Weight (kg) 76
- Calculated CL<sub>crea</sub> (ml/min) 85

## Medications at admission

- Tabl. Morfin Slow Released 10 mg 2+0+2+2
- Tabl. Paracetamol 500 mg 2+0+2+2
- Tabl. Warfarin according to list
- Cream Fenuril For the skin (moistureizer) when needed.
- Tabl. Zolpidem 5 mg 1 at night when needed



# Demonstration Patient Interview



# Information from the patient interview

Medication	Dose	Comments
Tabl Morphine Slow Release	2+0+2+2	Not correct 1+0+0+1 at home
Tabl. Paracetamol 500 mg	2+0+2+2	Not correct, stopped. Takes when needed
Tabl. Warfarin according to list		
Cream Fenuril	Skin moisturizer when needed	
Tabl. Zolpidem 5 mg	1 at nigh when needed	Do not take these

Manage his drug himself. Take tablets directly from the jars. Regularly go to Warfarin clinic. INR usually good

Knows what the various drugs are for and seem to have an eye on the time.

Has taken Morphine for 2 years because of ostomy pain. The ostomy was removed 6 weeks ago and now in a lot less pain.

After contact with the GP the morphine dose has been gradually decreased, 4 to 2 tablets last week. Believed that the increase in dose at the hospital was needed. He has become very constipated last days. Have told the nurse last night but nothing was done about it. Has not had bowel movements since admission



# Identified errors in medication list and DRP

- High dose Morphine
  - Patient is reducing the dose, takes 1x2 at home
- ADE Constipation
  - Depending on the erroneously high dose of morphine
- Unnecesary treatment
  - Paracetamol has been discontinued



# Demonstration Physician meeting



# What DRP and suggestions are suitable to put forward to the physician?

Problem/ question	Suggestion for action	Resultat
High dose Morphine Patient is reducing the dose, takes 1x2 at home	Decrease dose 1+0+1+1 and contact GP to again continue the dose decrease	Dr says: gosh, how could this have happened? The abstinence probably can explain his symptoms. We have given the dose hee had when he was admitted last time. Waiting for reply I contact her GP to discuss the dose and future plan
ADE Constipation Depending on the erroneously high dose of morphine	Give the patient a single oral dose of a motility stimulating medication. (Natriumpicosulfat) and follow up	The Dr agree but suggest lactulose instead.
Unneseasary treatment Paracetamol has been discontinued	Remove paracetamol. If needed discuss with GP	Dr agrees



# Video viewing and assessment of pharmacist performance using grading criteria forms

Patient interview video viewing.

- During the video viewing complete the grading criteria form
- Discuss in group of three

Physician discussion

- During the video viewing complete the grading criteria form
- Discuss in group of three
- 60 minutes





# Group session practice

Practice in group on being the pharmacist/physician/patient

- Try to perform the sessions without interruption and according to SOP
- Discuss what was good, bad, easy, hard
- Compare performance to the Evaluation checklist
  
- 60 minutes



# Summary and discussion

## Next step for you?

- Do you have Adm Med Rec performed by pharmacist in your setting, your country?
- Do you have a systematic approach
  - For training?
  - For practice?
- Could this be implemented in
  - Practice?
  - Pharmacy School?
- How can you support this?
- Prepare your own action plan
  - Report back to EAHP?



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- Do you have Adm Med Rec performed by pharmacist in your setting, your country?
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  - Practice? Pharmacy School?
- How can you support this?
  - Help from others, more experienced?
- Prepare your own action plan
  - Report back to EAHP?

