

Cabrini Practice OSCE 4

Candidate Instructions:

You are the consultant in-charge of an evening shift at a Tertiary Urban ED. Your Registrar has asked for your assistance to talk to the daughter of a patient in ED.

The patients name is Doris Wilson. She is 86 and has metastatic lung cancer and is managed by an Oncologist at your hospital. She has presented with 5 days of fevers and productive cough. This morning she has become progressively breathless and her nursing home and the ambulance attended. They found her nearing respiratory arrest and intubated her. She was then transported to your ED.

She has had 3 negative covid swabs and does not have any epidemiological risk factors for Covid infection. No additional infection control measures are required.

Your Registrar has performed a chest x-ray (attached) and blood tests are pending.

Her Vital signs are:

Temp 39 degrees

HR 135

BP 90/50

O2sats 89% on 100% FiO2

Doris' daughter Kim has been told by your Registrar that she is very sick and is not suitable for active medical management or admission to ICU. She is upset that her mother 'will not be treated' and wants to speak to 'the boss'.

You will be meeting with Kim. Your Registrar is managing Doris and you do not need to see her.

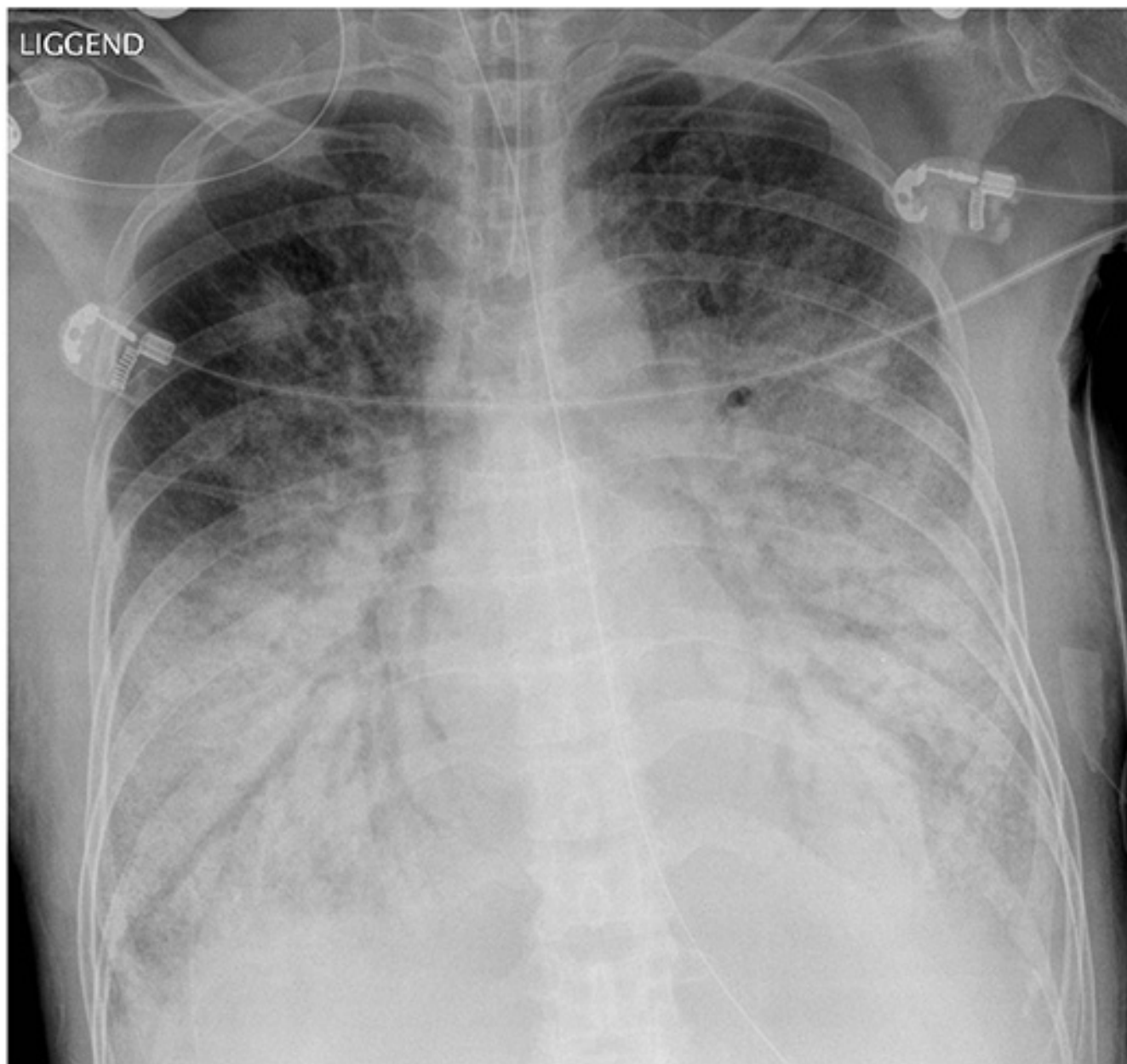
Your Tasks:

1. Discuss Doris' condition with Kim
2. Formulate a management plan for Doris

Domains Examined:

Medical Expertise – Management	20%
Communication	60%
Health Advocacy	20%

Doris Wilson's chest x-ray:



Confederate Instructions:

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- 1. Discuss Doris's condition with Kim*
- 2. Formulate a management plan for Doris*

Domains Examined:

<i>Medical Expertise- Management</i>	<i>20%</i>
<i>Communication</i>	<i>60%</i>
<i>Health Advocacy</i>	<i>20%</i>

Confederate Instructions:

You are Kim Wilson, a 50 year old woman whose mother, Doris Wilson, is in Emergency. She is 86 and has lung cancer that has spread to her bones, brain and liver. She has been treated with chemotherapy by an Oncologist. You know she has had a chest infection for the last 5 days and has been treated with tablet antibiotics by her GP at her nursing home.

Today the nursing home called you to say she had become sicker and had been transported to hospital by ambulance.

You attended the Emergency Department and were told by a junior doctor that she was dying and 'there is nothing we can do'.

You are upset and have demanded to see the senior Dr in-charge.

You will meet with the senior Dr (Candidate) who will explain the situation and formulate a management plan.

You live with your husband and teenage children. You are Doris's only daughter and your father died 10 years ago. You are Doris's Medical Treatment Decision maker (aka Medical power of attorney).

Your mother was diagnosed with lung cancer 1 year ago and has been on chemotherapy since. Her oncologist has been vague about her prognosis. Since her diagnosis she has had a few chest infections and has been in hospital for a few of them.

Doris's other medical conditions are:

- emphysema
- high blood pressure
- type 2 diabetes on diet control
- high cholesterol
- mild dementia which the oncologist thinks might be from her lung cancer that has spread to the brain

She is on medications for her blood pressure and cholesterol and some puffers for her breathing. She has not had any chemotherapy for 4 weeks.

She is not allergic to anything.

She has lived in the nursing home since your father died 10 years ago and has become progressively frailer in the last few years and especially since her cancer diagnosis. Her breathlessness has worsened and she is suffering back pain from her cancer spread to her bones. She walks with a frame and can only walk around 10 metres to the dining room and back. She spends most of her day in bed, or sitting in the TV room. You believe she has a poor quality of life. When she was younger she an energetic enthusiastic woman who loved playing golf and worked part-time as a sales assistant in a home wares shop.

Doris doesn't have an Advanced Care Directive and you have never spoken to her about her wishes ('it's not something we talk about', 'well you don't, do you?') but when your father died she mentioned that 'she would not want to be hooked up to machines to keep her alive' and that when her time comes she would like to 'pass peacefully'.

You are upset that the junior Dr said there is nothing that can be done for Doris and want her treated for her chest infection. You also feel guilty about making the decision to withdraw treatment and don't want to be the one who decides to 'turn the machine off' and 'let your mother die'.

You will start the interaction aggressively and then become calmer as the candidate explains the situation. You will then answer the candidate's questions about your mother. You will cry when the candidate explains clearly that she is dying from her current condition.

You will agree to the management plan that the candidate formulates. The plan will involve measures to relieve your mother's symptoms but not prolong her life artificially. That agreement will come early in the 7 minutes ie around 4-5 minutes if you feel they have explained the condition and explored your mother's wishes clearly. If they have not done this, your agreement will come later ie around 5-6 minutes.

The candidate is expected to follow the following steps of **shared decision making**:

1. Ask your understanding/knowledge
2. **Explain the medical condition**
3. **Explore Doris's pre-morbid condition and her wishes regarding her end of life care**
4. **Explain options and pros/cons**
5. **Advise on recommended management plan of 'symptom relief' (Palliative Care) rather than curative treatment taking into account patients preferences** from step 3
6. Agree on management plan

COMPONENT ASSESSMENT

For each Domain below, select the ONE best option that best represents the candidate's level of performance. The option "**minimum level of competency displayed**" represents the level of safe independent practice as a **junior FACEM** in Australasia



Medical Expertise – Management	☐	☐	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐	☐	☐
Health Advocacy	☐	☐	☐	☐	☐	☐	☐

[Detailed assessment criteria](#)

Medical Expertise - Management – Palliation**Extubate**

Sedation for agitation – midazolam 2.5mg s/c 1/24

Analgesia – morphine (accept) 1-5mg s/c 2-4/24

Manage secretions - glycopyrronium 200 mcg s/c 2/24 prn up to 1200 mcg in 24/24
 -hyoscine butylbromide 20 mg s/c 2/24 prn up to 120 mg in 24/24

Private room

Pastoral Care

Religious care

Communication:

Introduces self, apologizes for upsetting Kim

Acknowledges distress and guilt felt by daughter

Explains that **relief of suffering is goal rather than cure**

Takes responsibility for decision away from Kim and makes it Doris's and treating Dr's

Expresses **Empathy**

Appropriate verbal communication- verbal tone/volume

Nonverbal communication – offers tissues, allows silence

Health Advocacy

-demonstrated **shared decision making** steps (must have 4 bold below):

1. Ask patient's understanding/knowledge
2. **Explain medical condition**
3. **Explore patient's wishes regarding her end of life care and her pre-morbid condition**
4. **Explain options and pros/cons**
5. **Advise on recommended management plan taking into account patients preferences** from step 3
6. Agree on management plan

INFORMATION

Station Summary: Breaking Bad News – end of life care

EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence the candidate's exam outcome

e.g. protocol breach, candidate illness, etc.

GLOBAL RATING FOR STANDARD SETTING:

This scale is used in the standard setting process for the OSCE. Please rate the candidate's OVERALL performance in this OSCE. The rating should take into account the entirety of the OSCE, rather than just a sum average of the individual domain scores. This element MUST be completed for the standard of the examination to be set.

Well Below
Standard

Below
Standard

Just at
Standard

Above
Standard

Well Above
Standard

In terms of a **safely practicing junior emergency physician**, select the ONE option that best reflects the candidate's performance in this station:

EXAMINER SIGNATURE:



Ref: Therapeutic Guidelines Palliative Care