

STATION 4 OPEN DISCLOSURE

1. STATION SUMMARY

This OSCE assesses the Candidate's ability to 'openly disclose' and manage an avoidable error in the ED. A 17 year old girl with documented anaphylaxis to amoxycillin was administered flucloxacillin for cellulitis in the short-stay ward overnight. A severe anaphylactic reaction occurred and she was emergently intubated, her condition has now stabilised. The Candidate has been called in from home and must 'break this news' and have appropriate discussions with the patient's parent. The parent is unaware of what has happened and has not yet seen their daughter.

2. CANDIDATE INSTRUCTIONS

You are the consultant on-call overnight. You have been called back to the ED at 0300 hours after a patient was intubated following a severe anaphylactic reaction.

The patient, Joanna Temple, is a 17 year-old girl with leg cellulitis. She was admitted to the Short Stay Unit at midnight and prescribed IV flucloxacillin. Review of the ED medical record reveals that she had previously had "anaphylaxis to amoxycillin". The medication chart has "Amoxil allergy" noted although no details of the reaction are recorded.

The patient had rapid onset of bronchospasm, moderate hypotension and wide spread rash. She received 2 doses of IM adrenaline without improvement. Due to the development of throat tightness and some voice alteration she was intubated by the ED Registrar. Intubation was uneventful and there were no periods of significant hypoxia.

The patient is now stable: sedated and paralysed with signs of anaphylaxis resolving on an adrenaline infusion. ICU admission has been arranged. You were not contacted during the resuscitation, but your feeling is that while the decision to intubate was possibly a little premature, the management was otherwise appropriate.

Her mother has been called back into the ED. She is waiting in the relative's room. She is unaware of what has happened and have not yet seen their daughter.

Your task is to:

- Explain the events to the Mother and answer any questions she may have.

This OSCE will assess the following domains:

- Communication
- Professionalism
- Leadership / Management

3. ROLE-PLAYER INSTRUCTIONS

You brought your 17 year-old daughter to ED last night 10.00 pm due to fever and a red patch on her leg. Your daughter is otherwise well. You left at 0100 after she had been seen - with a plan to admit to Short Stay Ward for IV antibiotics overnight. You received a phone call 30 minutes ago asking you to come back to the ED urgently. The caller gave no details but you have a feeling that "something bad has happened". You have not seen your daughter yet, but are keen to.

Your daughter is fit and healthy. She had anaphylaxis age 10 after being given Amoxil (generic name: amoxicillin). She had a rash and facial swelling, couldn't breathe, and was taken by ambulance to Emergency. It was a terrifying experience. She received adrenaline injections and was stabilised. She has a Medic-Alert bracelet documenting a penicillin allergy.

The following key questions should be covered during the OSCE. The aim is for you to move through each aspect. There are prompting questions outlined in the HEAL document. It is possible that the discussion will occur in a different order.

1. How is she? Will she be ok? (Emotional Reaction)

Initial reaction is concern for your daughter - you are "horrified" and immediately want to know how she is, ask to see her, *'will she be ok?'*

- The candidate should explain that daughter is stable, that she will recover completely. They should say that they will take you to see her soon.

2. What has happened? The candidate should say what has happened

- They should 'openly disclose' that there has been an error and apologise for what has happened. (This may not occur at the opening but should occur early in the discussion e.g. when you ask how this could happen)
- *'Why has she ended up on a ventilator?'* *'Don't you just treat this with an EpiPen?'*

3. How could this happen? (Anger)

- *'You knew that she had a penicillin allergy!'* *'How could you give her the wrong antibiotic?'*
- *'I told the clerks and Nurse at the front!'* *'She even has a Medic-alert bracelet!'*

If candidate "accepts responsibility" appropriately and apologises you move towards trying to understand how this happened. If they do not do this and are "defensive" you remain upset / angry until they "de-escalate" the situation.

4. How could this happen? (Understanding)

- Candidate should explain a number of factors that may have combined to lead to this error.
- They should not do this in a way which seems like they are 'excusing' or 'defending any error' – if so you react angrily e.g. *'Are you trying to say that this is ok?'*

5. What will be done to prevent this from happening again? (Prevention)

- Candidate should outline a number of strategies including full review of what happened, systems and individual aspects
- They should convince you that they are taking this very seriously otherwise you will react angrily.

6. What will happen to her from here? (Ongoing care of daughter)

- Candidate should explain transfer to ICU, remaining sedated / on a ventilator until reaction has fully settled, likely to be woken up and taken off the ventilator later that day, full recovery.

Ask the following questions if time allows:

7. Are we going to meet again? (Follow-up)
 - Candidate should plan to meet with you and your daughter again in the near future.
8. Can I see her now? (Seeing your daughter)
 - Candidate should agree and briefly explain “what you will see” – that she is in a resuscitation room intubated / on a ventilator / monitored and that she is sedated and paralysed and so will not be able to respond although she may be able to hear what is said to her/feel your touch.

4. EXAMINER INSTRUCTIONS

This OSCE assesses the candidate's ability to effectively communicate around an avoidable adverse event which has occurred in the ED. A 17 year-old girl has been intubated after having an anaphylactic reaction to IV flucloxacillin given for cellulitis. The patient had anaphylaxis to amoxycillin as a younger child which is recorded in the medical record. The medication chart for this presentation documents an allergy to 'Amoxil' however no details of the reaction were recorded. The parent will reveal that the patient also has a 'Medic-alert bracelet'. The patient has now stabilized and is expected to have a good outcome.

The parent has been called into the department and is waiting in the relative's room. The candidate's task is to conduct the initial discussion with the parent who is NOT aware of what has happened and has not yet seen their daughter.

The Examiners role is observation only.

This OSCE will assess the following domains:

- Communication
- Professionalism
- Leadership / Management

Open Disclosure

The elements of open disclosure are:

- an apology or expression of regret (including the word 'sorry')
- a factual explanation of what happened
- an opportunity for the patient/carer to relate their experience
- an explanation of the steps being taken to manage the event and prevent recurrence.

Open disclosure is a discussion and an exchange of information that may take place over several meetings.

For this OSCE, the candidate is expected to have a brief initial meeting with the mother – they may close with a plan to organise a formal open disclosure meeting with appropriate staff at a later stage, by which time extubation and full recovery should have occurred.

Candidates should be familiar with the "open disclosure framework" as above.

Examiner Mark Sheet

CONFIDENTIAL Examiner Rating: OSCE 4



EXAMINER 1
barcode

CANDIDATE barcode

EXAMINER 2
barcode

COMPONENT ASSESSMENT

For each Domain below, select the ONE 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.

Very poor
level of
competence
displayed

Well below
minimum
level of
competence
displayed

Below
minimum
level of
competence
displayed

Minimum
level of
competence
displayed

Above
minimum
level of
competence
displayed

High level of
competence
displayed

Very high
level of
competence
displayed

Please rate ALL the following domains:

Professionalism	☐	☐	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐	☐	☐
Leadership and Management	☐	☐	☐	☐	☐	☐	☐

Detailed assessment criteria

Please use the following criteria to inform your ratings above

Professionalism	• Openly discloses 'error' and apologises • Accepts responsibility: Is not defensive • Focuses on parent's and patient's needs, reassures appropriately • Does not overtly criticise other clinician's management of patient
Communication	• Empathetic – develops and maintains rapport • Parent centered communication – provides opportunity to ask questions • Answers parent's questions directly with appropriate language • Appropriate body language (open, engaged)
Leadership/Management	• Displays understanding of likely multiple factors (system & individual) contributing to error • Communicates plan to investigate error and take steps to prevent future occurrences • Future follow-up: Expresses intent to meet with parent & patient in near future

Examiner Mark Sheet (cont')

CONFIDENTIAL Examiner Rating: OSCE 4



INFORMATION

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EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence this 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 or 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 practising junior emergency physician, select the ONE option that best reflects the candidate's performance in this station:	☐	☐	☐	☐	☐

EXAMINER SIGNATURE:



OSCE 1