



## OSCE 24

### Candidate Instructions

This is a **7 minute** Standardised Case-Based Discussion (SCBD) Station.

*In this scenario, there is NO RISK of COVID-19. COVID-19 precautions are NOT REQUIRED.*

You will be interacting directly with an examiner who will ask you about your assessment and management of the following clinical situation. Further information will be provided as the case evolves.

The examiner will be assessing your medical knowledge as well as your reasoning and rationale to your approach and decisions. Please be as specific as possible when answering.

#### Case Information:

You are an emergency consultant working in a tertiary hospital.

The patient (Mr Jones) is a 79 year old male who arrives by ambulance with severe shortness of breath for the past few hours. He is known to have severe chronic obstructive pulmonary disease (COPD) and is on home oxygen. He is diaphoretic and in a tripod position. He is taken to the resuscitation area.

His vital signs are:

|                  |                                 |
|------------------|---------------------------------|
| HR               | 130 bpm                         |
| RR               | 35 min                          |
| SaO <sub>2</sub> | 90 % on 12L /min O <sub>2</sub> |
| Temp             | 37.5 °C                         |
| GCS              | 13                              |
| BP               | 150/60 mmHg                     |

His other past history includes the following:

1. Hypertension
2. Ex-Smoker – 50 pack per year history
3. Ischaemic Heart Disease – Non-STEMI 2020, 2016
4. Chronic renal failure eGFR 50



An arterial blood gas has been taken and shows both Type 1 and Type 2 respiratory failure.

Your tasks are to:

- Outline how to determine limits of care in this patient
- Describe how you would communicate this to the family
- Answer any further questions asked by the examiner

This OSCE will assess the following domains:

- Prioritisation and Decision Making – 40%
- Health Advocacy – 30%
- Leadership and Management – 30%



## OSCE 24

### Examiner Instructions

Candidates will be asked a series of standardised scripted lead-in questions. All questions and probes must be consistent as per the script so that all candidates have as close to the same 'standardised' experience as possible.

Two examiners will independently mark the station.

- Examiner 1 will interact with the candidate, lead the discussion by asking scripted questions and provide further clinical information as the case evolves.
- Examiner 2 will observe the candidate's performance.

Where a candidate has already raised a topic or an issue, the examiner may provide an unscripted probe to the candidate for further clarification or elaboration on that issue. Probing questions ask a candidate to go into further detail on a topic that they have already initiated or mentioned.

Examples of a probe that may be asked:

*"You mentioned fluid management. Can you elaborate on that?"*

Where a candidate has NOT already raised a topic or an issue expected of a competent new FACEM, the examiner must NOT provide an unscripted prompt or ask unscripted further questions. Prompts that suggest there has been a mistake, or an omission must NOT be provided.

This is a **7 minute** Standardised Case-Based Discussion (SCBD) Station.

The objective of the station, is to outline what factors are important in determining limits of care in an elderly male with end stage COPD. To discuss communication to family of appropriate plan given end stage, ability to break bad news. There will be disagreement with the family and the candidate needs to discuss conflict resolution.

#### Case details

The patient (Mr Jones) is a 79 year old male who presents with severe dyspnoea for the past few hours. He is known to have severe chronic obstructive pulmonary disease, (COPD) and is on home oxygen.

He has significant co-morbidities, including IHD, CRF, GORD.

On arrival he is diaphoretic and in a tripod position.

Further case details provided during the station if necessary – these will be given prior to part 2 if not asked prior:

- The patient is too unwell to discuss goals of care - in respiratory failure and GCS 13.
- Previously intubated in ICU, but unclear of goals of care since last discharge, as significant deterioration and now completely dependent for all ADLS.
- Lives with wife, who is next of kin and frail, no medical power of attorney.
- Patient has previously voiced he does not want to live in a bed bound state and to "let him go" if needed.



ABG has been done, candidate information states that ABG shows T1 and T2 Resp failure.

Candidates are expected to provide justification for goals of care reached.

Broadly, the candidate's tasks are:

- Determine goals of care
- Break bad news
- Conflict resolution

*\*Please see **Candidate Instructions** for domains and full details provided to candidates.*



# OSCE 24

## Lead Examiner Script

### **Part 1 (0 - 3 mins)**

When the candidate enters the room, say:

***“Please describe all the factors you would consider in making a decision on the limits of care in this patient?”***

The candidate is expected to cover:

- Normal level of activity – whether able to perform activities of daily living, exercise tolerance.
- Maintenance therapy – use of home oxygen, steroid use
- Previous ICU admissions – intubation versus non-invasive ventilation,
- Length of disease – how long has he had COPD (as influences mortality)
- Previous goals of care discussed – patient wishes, family, ICU, respiratory team opinions and previous decision making
- Patients FEV1 – this may be documented, but would not be expected to be done in ED
- This presentation – anything reversible – length of illness, fever, pneumonia, Pneumothorax, pulmonary embolus. It is expected that candidates will suggest a trial of initial ED Mx which may include antibiotics, steroids, B-agonists and NIV, and incorporate the patient’s response to this initial Mx in the decision-making process
- Co-morbidities – IHD, CRF, GORD all increase risk of morbidity
- Presence of cor-pulmonale
- Age, low body mass index (BMI)

If the candidate lists some of these aspects but does not elaborate, ask:

***“You mentioned xx, how would that impact your decision making?”***

**PROBE:** If the candidate mentions only clinical factors pertaining to this presentation and does not discuss patient’s wishes/previous end of life discussion etc then ask:

***“Can you discuss what other information would help you decide whether to intubate the patient?”***

**PROBE:** If the candidate discusses the utility of non-invasive ventilation in detail, then repeat the stem:

***“Could you describe all the factors you would consider in making a decision on the limits of care in this patient?”***



## **Part 2 (3 mins – 5 mins)**

***“The patient has a history of multiple admissions to hospital. Following his last admission, he has deteriorated at home and is now dependent for all ADLS (activities of daily living). There has been no response to initial ED management, and further invasive treatment appears to be futile. How would you approach your discussion with the family?”***

- Establish proper setting – private, quiet space, everyone seated, turn off phone
- Introductions – allow everyone to state relationship and build relationship – ask something non-medical
- Ensure appropriate people present – next of kin, medical power of attorney, immediate relatives, interpreter if non-English speaking background.
- Gather medical information prior to meeting – previous admissions, specialist opinions, ICU opinions regarding goals of care, FEV1,
- Gather families understanding of the current situation – what they expect to happen from now – encourage all to speak
- Medical Review/ Summary – outline current state,
- Discuss patient’s poor prognosis given end stage COPD, multiple co-morbidities in particular IHD and CRF.
- Discuss why invasive ventilation – intubation would not be in his best interests – morbidity, side effects, discomfort, prolonged suffering.
- Use empathetic language
- Reflect and allow time for questions
- Silence to allow reflection
- Assess patient/ family goals -prolong life, improve function, relief of suffering
- Translate goals into care plan

**PROBE:** If candidate only mentions the content of the discussion but not the general principles, the following probe can be used;

***“Can you specifically describe the process involved in this discussion?”***

## **Part 3 (5 mins – 7 mins)**

***“When you speak to the patient’s daughter, she is angry and insistent that you intubate her father as they used to. How do you approach this situation?”***

- Verbal de-escalation – listen and make empathetic statements
- Explore further daughter’s concerns to understand why she thinks intubation/invasive ventilation would be appropriate
- Clarify misconception – Discuss reasons why invasive ventilation is not in her father’s best interests – morbidity – prolonged suffering, side effects, nothing reversible.
- Ensure support person for daughter – either nurse, relative, or social worker
- Involve other specialist for second opinion – ICU, respiratory, general medicine,
- Consider palliative care consult
- Use simple language without jargon to explain things
- Ensure understanding of reasoning and allow questions.
- Not withdrawing treatment (ward treatment, antibiotics, physiotherapy)
- Patient’s comfort is priority



## CONFIDENTIAL Examiner Rating: OSCE 24

| Domain                                          | Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Marking rules to be 'at a minimum level of competence' /other comment                                                                                                                                                                                                                                                                                                                                                                                                         | Criteria met / not met |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Prioritisation and Decision Making (40%)</b> | <p>Explains the risk stratification process used by incorporating patient safety principles when making key treatment decisions and disposition decisions:<br/> <u>Outlines important factors in determining goals of care in severe COPD.</u><br/> <u>Baseline Function:</u></p> <ul style="list-style-type: none"> <li>• Normal level of activity – whether able to perform activities of daily living, exercise tolerance.</li> <li>• Maintenance therapy – use of home oxygen, long term steroid use</li> <li>• Previous ICU admissions – intubation verses non-invasive ventilation,</li> <li>• Length of disease – how long has he had COPD as determines mortality</li> <li>• Patients FEV1 (documented in medical notes)</li> <li>• Presence of cor-pulmonale</li> <li>• Age, low body mass index (BMI)</li> </ul> <p><u>Patient Wishes:</u></p> <ul style="list-style-type: none"> <li>• Previous goals of care discussed – patient wishes, family, ICU, respiratory team opinions and previous decision making</li> </ul> <p><u>This presentation:</u></p> <ul style="list-style-type: none"> <li>• Anything reversible – length of illness, fever, pneumonia, Pneumothorax, pulmonary embolus</li> <li>• Response to initial ED Mx – this would include reasonable treatments such as Steroids, salbutamol, antibiotics, and NIV/BiPAP</li> </ul> <p><u>Co-morbidities:</u></p> <ul style="list-style-type: none"> <li>• HD, CRF, GORD all increase risk of morbidity</li> <li>• Many of these factors determine short term mortality - intermediate less emphasis on premorbid status.</li> </ul> <p>Explains the decision to limit assessment and treatment when they do not alter patient prognosis (assessed in domain 2)<br/> Provides a rationale to explain and justify decisions about ongoing treatment (assessed in domain 2)</p> | <p>Assesses for factors in all the following 3 areas</p> <ol style="list-style-type: none"> <li>1. Normal level of activity – e.g. whether able to perform activities of daily living, exercise tolerance (severity of COPD)</li> <li>2. Previous goals of care discussed – e.g. patient wishes, family, ICU, respiratory team</li> <li>3. Response to initial ED Mx and/or anything reversible in this presentation (severity of illness and response to therapy)</li> </ol> |                        |
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| <b>Health Advocacy (30%)</b>           | <p><u>Describes how to break bad news to family</u><br/>Incorporates the patient's chronic clinical state and the patient's wishes when making decisions</p> <ul style="list-style-type: none"> <li>• Defines and identifies medically futile treatment: <ul style="list-style-type: none"> <li>- Gather medical information prior to meeting – previous admissions, specialist opinions, ICU opinions regarding goals of care, FEV1</li> </ul> </li> </ul> <p><u>Initiates an end of life discussion with the patient and/or relative:</u></p> <ul style="list-style-type: none"> <li>• Establish proper setting – private, quiet space, everyone seated, turn off phone</li> <li>• Introductions – allow everyone to state relationship and build relationship – ask something non-medical</li> <li>• Ensure appropriate people present – next of kin, medical power of attorney, immediate relatives, interpreter (not required for this patient).</li> <li>• Gather families understanding of the current situation – what they expect to happen from now – encourage all to speak</li> <li>• Medical Review/ Summary – outline current state</li> </ul> <p><u>Explains the decision of limiting the provision of treatment for the dying patient. Justifies what supportive treatment is appropriate for the dying patient:</u></p> <ul style="list-style-type: none"> <li>• Discuss patient's poor prognosis given end stage COPD, multiple co-morbidities in particular IHD and CRF.</li> <li>• Discuss why invasive ventilation – intubation would not be in his best interests – morbidity, side effects, discomfit, prolonged suffering.</li> <li>• Translate goals into care plan</li> </ul> <p><u>Arranges extra supports to aid in treating the imminently dying patient and the patient's relatives:</u></p> <ul style="list-style-type: none"> <li>• Use empathetic language</li> <li>• Reflect and allow time for questions</li> <li>• Silence to allow reflection</li> <li>• Assess patient/ family goals -prolong life, improve function, relief of suffering</li> </ul> | <p><b>Minimally Competent Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Establish proper setting</li> <li>2. Ensure appropriate people present – NOK, medical power of attorney, immediate relatives.</li> <li>3. Gather family's understanding of the current situation – what they expect to happen.</li> <li>4. Discuss why invasive treatment is not appropriate in this case: <ul style="list-style-type: none"> <li>○ Summary of current state</li> <li>○ Critically unwell</li> <li>○ Intubation would not be in his best interests – morbidity, side effects, discomfit, prolonged suffering.</li> </ul> </li> </ol> |  |
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| <b>Leadership and Management (30%)</b> | <p><u>Uses advanced communication techniques to defuse the anger/anxiety in the patient or relative</u><br/><u>Outlines major principles in initial or bedside response</u></p> <p>Can describe conflict resolution for this situation:</p> <ul style="list-style-type: none"> <li>• Verbal de-escalation – listen and make empathetic statements</li> <li>• Explore daughter's concerns to understand why she thinks intubation/invasive ventilation would be appropriate</li> <li>• Clarify misconceptions: Explain why invasive ventilation is not in her father's best interests – morbidity – prolonged suffering, side effects, nothing reversible.</li> <li>• Other aspects: <ul style="list-style-type: none"> <li>○ Ensure support person for daughter – either nurse, relative, or social worker</li> <li>○ Involve other specialist for second opinion – ICU, respiratory, general medicine</li> <li>○ Consider palliative care consult</li> <li>○ Use simple language without jargon to explain things</li> <li>○ Ensure understanding of reasoning and allow questions.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Minimally Competent Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Verbal de-escalation – outline that all treatment patient is receiving is best level care and his comfort is the main priority</li> <li>2. Explore daughter's concerns to understand why she thinks intubation/ invasive ventilation would be appropriate</li> <li>3. Justify medical decision to limit care while acknowledging concerns of NOK</li> <li>4. 2 of 5 other aspects</li> </ol>                                                                                                                                                         |  |
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