

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO: Communication

	Not Met	Partly Met	Fully Met
Rapport, Reassurance, Trust and Ethical Therapeutic Relationships Identification of doctor, role, correct relative, appropriate introduction Convey relevant information and explanations Develop a common understanding of diagnosis, prognosis and plan “Tell me what’s going on?” – requires detailed explanation of pts condition and management “Collapsed lung, what does this mean?” (wife upset) – reassuring + technical explanation PTX and that ICC has been inserted “How could you have let this happen?” – “was Dr Smith competent to perform procedure?” Ability to de-escalate Appropriate use of demeanour, language and words “I want my husband to have the best care, do you think he needs to be transferred to another hospital?” “Is he going to be alright”, “is he going to die”? Bonus question: “Are my children at risk?” Convey effective oral information Appropriate non verbal communication Identify and explore issues, including reasons for position Inform Jane to facilitate understanding of situation (tailored to her demographic, cultural and intellectual context) Problem-solve PASS/FAIL Needs to meet 4/5 Criteria Technically correct information Appropriate lay terms Appropriate manner Non judgemental Listens and understands wife’s concerns			

ACTOR feedback:

Not Comfortable	Partially Comfortable	Fully Comfortable
-----------------	-----------------------	-------------------

Comments: (if you fail the candidate, please state why)

If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?

SCENARIO

You are in charge of a tertiary ED at 1900hrs one weekday. Your registrar, Dr Smith, is managing 40 year-old John Roberts, who is in septic shock from an unknown focus. Chest x-ray and blood tests are normal, a lumbar puncture revealed clear, colourless CSF, with further assays pending. The patient is sedated, intubated and ventilated. Empiric broad-spectrum intravenous antibiotics were administered after microbiological assays taken. Reviewed by relevant inpatient units, he awaits transfer to the Intensive Care Unit.

Dr Smith is senior registrar who is very competent at central line insertion. He attempted to insert a right subclavian central venous catheter (CVC). His attempt failed, and was complicated by an unrecognised right-sided pneumothorax. John's ventilation became increasingly difficult and you were called to assist. You promptly recognised and treated the pneumothorax. Stable now with inotropic support and normal gas exchange, John has a functional intercostal catheter and right-sided internal jugular line.

Jane, the patient's wife, is present in the ED. She is aware of John's diagnosis and ventilated state. She was asked to step out before the invasive medical procedures. Informed of latest events, she is upset, and wishes to speak to the doctor in charge. She waits for you in the relatives' room.

Jane, ROLE PLAYED by an actor, is waiting for you in the room. Examiners will NOT be interacting with you or the actor.

Background Information for Actor

Important Note

The ACEM Fellowship Exam involves examiners and candidates from all Australian states and New Zealand. To optimise fairness for all candidates, all character and scenario features will NOT have demographic details.

In interactions with candidates, please do NOT refer to demographic specifics. For example, you are in the general hospital instead of Monash Medical Centre; you live in the inner suburbs instead of Richmond.

The Character

Jane is a 39 year-old office administrator, who is married to John, the patient. They are happily married, with 2 healthy children: Tom (aged 11 years) and Sarah (aged 9 years). Both Jane and her husband are likewise healthy, requiring no medications. Both work full time. John is an engineer, working for a large organisation. The family enjoys a stable middle class lifestyle, with no significant stressors, until this current medical incident.

The Scene

Earlier that same day, at about noon, Jane took John to the Emergency Department (ED) of a large, tertiary hospital after a referral from your GP, Dr Jones. John had been ill for the last 3 days, with fever, muscle aches and headache. He had not travelled recently, nor been in contact with sick people. He only took Panadol, but his condition worsened this morning. Dr Jones was concerned about John's illness, thus referred him to the ED. Jane drove him there. Their children were minded at home by capable relatives.

The initial assessment by ED staff was prompt and appropriate. Dr Smith (a young man), informed Jane that John was very unwell with sepsis (a severe infection), but no known site yet (that is, in lungs, abdomen, urine etc). A chest x-ray and blood tests are so far normal; a lumbar puncture to look for brain infection is also so far normal. Owing to concerns about John's low blood pressure, they opted to place John in an induced coma and support his breathing and blood pressure through artificial ventilation and medications via special lines. Jane and John consented to these procedures; Jane was asked to wait in the relatives' room while they were performed. After an anxious and tearful goodbye to her husband, Jane proceeded to the waiting room.

Of the procedures John underwent, one involved insertion of a catheter (small tube) into a large vessel in his upper chest, so that special medication to support his blood pressure (BP) could be administered through it. The catheter is called a central venous catheter (CVC). CVC insertion was to be performed after John was induced into coma. Approximately an hour after you left John, Dr Smith came to the relatives' room to update you on John's progress. He stated all procedures went well, except that a complication arose from the CVC insertion. Specifically, John suffered a collapsed right lung from inadvertent puncture from a large needle. He deteriorated for a short period before the condition was recognised and rectified. However, it means he now has a large plastic tube in his right chest, called an intercostal catheter, in addition to all the other interventions he's been subject to.

Jane comprehends the situation reasonably well, but her anxieties are exacerbated. Her concerns about John's illness are now compounded by additional worries about this medical complication. Moreover, she is bewildered by its occurrence, and increasingly angry at medical staff. She is so far satisfied by Dr Smith's explanations, but recognises that he is not the most senior doctor on duty. She wishes to:

- Discover more about the situation
- Speak to the senior doctor in charge to express her concerns

NB:

- The "Scenario" in the preceding page is ALL the information provided to the candidate before s/he interacts with Jane. That is, s/he will NOT be aware of Jane's own circumstances.
- Candidates will only have 7 minutes to interact with the actor. Successive candidates will be interrupted by 3-minute breaks, during which the examiners and actor discuss the preceding candidate.
- After a succession of 10 or less candidates, there is a longer break to permit rest and refreshments.

Facts

- Punctured lung (called a pneumothorax) is a well-known complication of CVC insertion. Intercostal catheter insertion is the correct treatment for it; the catheter is typically in place for a few days. In the absence of other complications, pneumothorax itself in John has a good prognosis, without permanent sequelae. Potential complications of the intercostal catheter itself include infection, significant bleeding or unsuccessful correction of the pneumothorax.
- John is suffering septic shock, a condition resulting from severe systemic infection that lowers his blood pressure and compromises his ability to deliver oxygen to vital organs. Moreover, at this stage, the site of infection remains unknown. Treatment rendered so far for John are appropriate, including the CVC. The CVC permits finer levels of measuring John's physiological parameters, and the longer-term administration of blood-pressure supporting medications. John has been appropriately given broad-spectrum, powerful antibiotics.
- As the illness is relatively early, and the infection site is unknown, it is currently impossible to give a precise prognosis to John's condition. However, positive indicators thus far are his young age, previous good health and the absence of serious abnormalities in test results. Furthermore, he is receiving optimal care in a tertiary-level hospital.
- The candidate will role-play an Emergency Physician, a medical specialist who is the most senior doctor on shift. S/he is expected to carry the highest level of clinical experience and authority in the ED at that time. The examiners will mark candidates against standards expected of a recently-graduated Emergency Physician. **The actor will be asked to provide input on a key, core skill of such a doctor: verbal communication.**