rOSCE Scenario

You are the emergency consultant in a smaller rural emergency department. Mr Smith has been brought into your department by ambulance. He was alert but diaphoretic and severely dyspnoeic. He has been a frequent presenter to ED over the last 2-3 months but you have not met him or the family before. You placed him on CPAP pending a further look at his history – it appears he is known to have very poor LV function (EF <15%) likely due to a dilated cardiomyopathy and is dependent on high dose diuretics. His creatinine has climbed today – to 250 from 150 without a clear cause – with the renal failure likely worsening his dire cardiac state. He has become drowsy over the last 10 mins and more rousable only to pain.

He does appeared well looked after by the nursing home.

His daughter, Leslie, arrives 30mins later wanting to see you regarding your plan for her father.

Your task is to discuss with the daughter, Leslie, your management plan for Mr Smith.

Domains

- Medical Expertise (50%)
- Health Advocacy (50%)

INSTRUCTIONS TO CONFEDERATE

Your name is Leslie. Your father, David, has just been brought into the ED for the fourth time this month. You understand is that his heart is poor but have had no communication with doctors about his prognosis. You do trust his GP who visits him in his nursing home.

You are the eldest of the surviving children and likely see him most regularly. You have a brother who doesn't get involved often but when your father was last sick like this, he said he wanted everything done. You both feel guilty about your father being in the nursing home but realistically you could not look after him at home.

You have watched your father decline significantly in the last 6 months both physically and cognitively (often forgetting family members names) which is very upsetting. He sleeps poorly (with 3 pillows) and is often short of breath. He hasn't seen his cardiologist in years.

Your priorities are to ameliorate his suffering but are not sure what your brother might say. Your father has made no will or stated who is next of kin is. You think your father would not want extreme measures to keep him alive particularly if he was suffering / breathless or in pain.

Prompting Questions from the Daughter

- What is wrong with him?
- Why is he like this?
- Is there anything that can be done?
- (Regarding End of Life treatment) Does that mean you're not going to do anything?
- I'm worried that my brother wont agree

rOSCE Scaffold

Station Summary

David Smith is elderly patient from a nursing home with end stage cardiac failure has represented to an urban ED with severe dyspnoea due to acute pulmonary oedema. He was alert but too breathless to talk initially and was placed on CPAP due to severe nature of symptoms. He initially improved but now seems slightly drowsy.

His family have arrived in the emergency department and the candidate must discuss with them ongoing emergency and hospital management. i.e End of life care

Suggested rOSCE scaffold

1. Label the presentation: End of Life care
    a. Front-load an Overview of the scenario after a brief introduction
        i. Delivering important update of your father's progress
        ii. Explain the current health parameters and issues
        iii. Discuss treatment options and plans and prognosis
2. Employ the Difficult Conversations Template – (address the domain health advocacy)
    a. Don't be an ASOL
3. Demonstrate medical expertise, through the use of the RISSE template (see Assessment)
    a. Resuscitation
    b. Investigations
    c. Specific Treatment
    d. Supportive Care
    e. Evaluate and Everything Else

The scaffold serves as the supporting framework whilst you construct your scenario, ensuring you have addressed the key domain assessment criteria and maximise your score.

CURRICULUM DOMAINS

HEALTH ADVOCACY

FACEM should demonstrate

Assessment of the dying patient

- Assess the impact of an acute illness on the chronic state of the patient and identify when the goals of emergency care should become palliative
- Limit monitoring and investigations appropriately where the goals of emergency care are palliative

Communication about dying

- Explain the decisions around medical management and the goals of end of life care to a patient and their carers
- Lead the discussion with the carers regarding the medical decisions and goals of end of life care
- Advocate by liaising with inpatient clinicians and community health professionals to promote holistic end of life care

Management of the Dying Patient

- Take responsibility for ceasing resuscitation appropriately in a complex presentation
- Decide on appropriate goals of care and limitation of medical treatment in the dying patient
- Deliver appropriate end of life care to a patient who is dying in the Emergency department

ASSESSMENT

MEDICAL EXPERTISE

RESUS

Mental scaffold: [General] *"We need to offer this patient end of life care and prioritise comfort and dignity..*

[Specific] *"My priorities are to set some specific goals in and around this patient's end of life care. These include addressing pain and agitation, respiratory distress, seizures and nausea and in facilitating appropriate spiritual and cultural support to the patient and family.."*

"We will use both pharmacological and non –pharmacological methods to keep your [#] comfortable and give you some time to spend with .."

It is imperative that the decision to manage as end of life care is put into context.

INVESTIGATIONS

- Nil

SPECIFIC

- Pain:
  - Morphine 5mg sc prn Q2H or Hydromorphone 0.5 – 1mg sc prn Q2H
- Nausea and vomiting:
  - Metoclopramide 10 mg s/c prn tds or haloperidol 0.5 – 1 mg s/c prn bd
- Anxiety:
  - Midazolam 2.5 mg – 5 mg or Clonazepam 0.25 – 0.5 mg s/c Q2H
- Resp distress:
  - Hyoscine 20 mg s/c TDS (secretions)
- Seizures:
  - Midazolam s/c
- Bowel care (aperients)
- Mouth cares
- Suspend observations
- Quiet room/single room/admission
- Make plan specific to nursing staff/allied health/junior medical officers

SUPPORTIVE

- Non pharmacological (ie music/quiet/dark room)
- Spiritual/cultural needs/social works

EVALUATE & EVERYTHING ELSE

- **Record response to treatment and escalate**
- **Document end of life care plan – joint decision with sub-speciality**
- **NOK/family/parents**
- **Disposition (in patient/home/nursing home)**
- **Organ donation**
- **Declaration of deceased; death certificates**

HEALTH ADVOCACY

- understands the legal framework of medical decision making in this case
    - drowsy patient without capacity
    - NOK decision → daughter and / or son (don't forget son!!_
- explores daughters understanding of fathers medical condition
- explains in appropriate language cause of deterioration and prognosis
- explains in appropriate language what treatment has already been done
- explains in appropriate language the role of palliative care
- demonstrates empathy for daughter and addresses concerns about lack of treatment
- offers to discuss fathers condition with Leslie's brother