

Difficult Conversation 1 – Notes for Candidate

Difficult Conversation: 10 minutes

You are an FY1 working in the cardiology wards. A patient called John Smith, 70, 26/09/1953 is currently being managed for acute in chronic heart failure. He is increasingly breathless. He also developed an AKI post admission.

His daughter has been informed by him that the palliative care team came to see him he stared at to discuss future plans. They were going to visit him earlier post his clinic visit for heart failure but he ended up being admitted before then so the hospital team has come to review him.

His daughter is quiet taken aback by this information and believes the team came to see him because he is going to die soon. She is very afraid and would like to seek some clarification on her dads prognosis as well as what is happening currently.

She is also concerned he is very breathless and this is very distressing to him as well as to family.

Please speak to the daughter about her concerns. Blood test results and a letter from the heart failure clinic are available for you to view as well.

PRIOR DOCUMENTATION AND TEST RESULTS:

Blood tests:

FBC

WBC - 10.9 (4-11)

HB - 135 (130 - 180)

U&E

Na - 135 (135-145)

K - 3.9 (3.5 - 5.5)

Creatinine - 388 (60-100)

Urea - 15

eGFR - 25 (15) (baseline >90)

LFT

ALT - 40 (3-49)

ALP - 90 (100)

Bilirubin - 32 (<35)

Albumin - 30 (>35)

INR: 1.1

Heart failure consultant clinic (PRIVATE AND CONFIDENTIAL)

Dear GP,



I have seen Mr Smith, DOB , in my clinic today on 24/12/23 for ongoing review of his heart failure. He has a known diagnosis of heart failure since 2016. Other medical conditions of note are: T2DM, GORD.

He has been complaining of increasing shortness of breath since the past few He has particularly been struggling at night and has had to sue 3 pillows instead of his usual two pillow. He has had increasing episodes of benign paroxysmal dyspnoea as well. He falls into stage 4 if NYHA classification as he is experiencing breathlessness at both rest and on exertion. He is symptomatic even walking a few steps and therefore has really struggled with his independence.

Currently he is being managed for his heart failure on: Ramipril, Bisoprolol, Spironolactone and ivabradine. His most recent ECHO has shown an ejection fraction of 25-30%.

There is a significant decline in his symptom management for the last few weeks. We have come to the conclusion in clinic that we will trail an increased dose of ivabradine to see if this helps with the symptoms.

Please be aware that I believe this gentleman is approaching end of life and may die in the next 12 months. I am going to refer him to the community palliative team because I believe he would find benefit from a thorough assessment in term of symptom control, coming to terms with the worsening progression of his heart failure, as well as any other form of help required.

Mr Smith understands his current prognosis and is happy to speak to someone from the palliative care team.

Kind regards,

Dr Brown, Consultant Cardiology

OSCE Express – Sumedh Sridhar, Dr Nidhi Agarwal

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Difficult Conversation 1 – Notes for Actor

You are Jane, his daughter. You have been away travelling for the past few months so you are very shocked when you heard the palliative team came to see your dad today.

Your friend's mother died from cancer and you remember the palliative team coming to see her mother - you are afraid this means your dad only has a few more days to go.

Your current understanding is that he has heart failure, this means that his heart is not pumping blood very well around the body. He has had this for quite a few years now. A few days ago he started getting more breathless and was admitted to the hospital.

He is very good with his heart failure medications and takes these regularly and follows all instructions otherwise. You have noticed he has been getting worse, he always used to sound breathless when you two spoke on the phone.

You have also been told his kidneys have been bad during this admission. He mentioned some blood tests were done this morning and you are very keen to know if they are getting better.

On being given an explanation of what the palliative team was there for: you are very teary-eyed and do not understand how all of this has happened in such a short period of time. You ask the doctor how long does your dad have?

You accept the doctor's explanation regarding what is happening.

You are also very concerned that your dad is struggling with breathlessness and you are wondering if there is something that can help him with this. You say that there is a fan at home and his bed has been moved near the window for when he wakes up gasping for air.

You are satisfied with the doctor's suggestion.

Difficult Conversation 1 – Examiner marksheet

MARKING RUBRIC	✓
Opening: <ul style="list-style-type: none"> • Introduces themselves. • Confirms Patient demographics. • Explains and gains consent from patient about consultation. 	
Main Consultation: <ul style="list-style-type: none"> • Determine understanding of what the daughter knows so far about her fathers health • Summarise the daughters understanding • Query what her concern is. • Explain what stage of heart failure the father is at (on maximum amount of medications, with a very low ejection fraction and very severe at rest) and given the progression of the disease there is a possibility of him dying in the next year • Explain the blood tests and AKI (suggest it is improving but the reason it happened was due to the heart and multi organ involvement is also indicating disease progression. • Explain what the palliative team is for and how it does not mean stopping any form of treatment or that death is imminent but that it is a possibility and this team helps prepare. You are unable to tell them how long their dad has to live as it is not possible to to do this. • Manage the concerns regarding breathlessness (Midazolam, morphine, oxygen, sitting up, use of a fan) • use patient entered approach • Respond to verbal and non-verbal cues • Talk to the relative with sensitivity, compassion and empathy 	
Ending consultation: <ul style="list-style-type: none"> • end consultation by thanking the daughter and asking if they have any further concerns. 	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: