

Difficult Conversation 2 – Notes for Candidate

Difficult Conversation: 10 minutes

You are an FY1 working in LOROS currently.

Your patient is Jane brown DOB 08/08/1958 who was admitted a few days ago with neutropenic sepsis. She has a background of ovarian cancer with spread to the lungs. Alongside the infection, she has been complaining of constipation as she is on high amounts of pain relief.

She deteriorated further in hospital and a referral for a LOROS bed was made as she no longer wanted to stay in hospital and neither does she have family members at home who are able to provide care as her daughter lives 6 hours away. Daughter and Jane herself were very keen on going to LOROS once the imminent danger was over.

A few days later she has recovered very well, the nurse from the palliative team has been to see her and given that her prognosis is poor but not to the extent of days to weeks LOROS is not an option currently. The referral was not accepted. If she becomes more symptomatic or worsens then it can be considered as it is not a long stay unit.

You have been asked to convey this message to the patient and their daughter who would also like updates in terms of the infection.

PRIOR DOCUMENTATION AND TEST RESULTS:

Blood tests:

FBC

WBC - 4.5 (0.5) (4-11)

HB - 135 (130 - 180)

U&E

Na - 135 (135-145)

K - 3.9 (3.5 - 5.5)

Creatinine - 30 (60-100)

Urea - 6

eGFR - > 90(baseline >90)

LFT

ALT - 40 (3-49)

ALP - 90 (100)

Bilirubin - 32 (<35)

Albumin - 30 (>35)

INR: 1.1

CRP = 57 (120)

Letter from LOROS available on ice



LOROS – PRIVATE AND CONFIDENTIAL

Dear doctor,

Thank you for referring this patient for consideration of a bed in LOROS.

Patient: Jane Brown DOB - 08/08/1958

S Number 4072820

We have taken into consideration the current admission to the oncology suite for neutropenic sepsis with a background of metastatic ovarian cancer.

From the information provided it seems to be the case that Mrs Brown is currently not experiencing any symptoms for which an admission to LOROS may be appropriate.

We are happy to consider another referral in case the situation changes.

Kind regards,
LOROS team.

OSCE Express – Sumedh Sridhar, Dr Nidhi Agarwal

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Difficult Conversation 2 – Notes for Actor

You are Libby, her daughter. You are aware that your mother has cancer of the ovaries and that it has spread to other places as well. Your mother has been admitted this time for an infection post her final chemotherapy.

A few days ago you got a phone call saying your mother was very poorly and that she may not make it. So you came to the hospital. You are very happy that your mother pulled through and looks better. You live a few hours away and are not able to care for your mother as you have a child with special needs yourself who you care for. Therefore, you were very relieved when LOROS was mentioned as you are aware that they are very good at looking after people. You feel guilty you are not able to stay with your mother and therefore we're happy that at LOROS at least it would not be like a hospital environment.

On being told that the LOROS bed has been rejected: you get very angry and demand to know why.

You are angry that a dying woman has been promised this as it was mentioned in every ward round since you've been coming to see your mother but is now not possible. You say your mother hates hospitals.

On further probing about concerns you tell the doctor: You are afraid your mother will die alone at home with no body to look after her so you want her to be in a facility where she can get care. She does not want her to be in a hospital as they are all so busy and she does not have any privacy at all.

On being given an explanation of why the referral is rejected you say that you are not happy but can understand that there's not much to be done.

On being given other options: you say you are willing to consider then with your mother and see what she is amenable to. You know one of her neighbours checks up on her and that's who phones the ambulance when her mother was poorly this time.

On the mention of blood tests results: you say you are pleased that your mother is improving. What are the chances of this happening again?

You are also very concerned that your mother is struggling with constipation and you are wondering if there is something that can help her with this. Your mother did not want to mention this to the doctors as she did not want this keeping her in hospital longer but it is really bothering her. She has not opened her bowels in a week. Part of it is because she doesn't have much of an appetite but also she's in a bay and hates sharing a toilet with everyone. She thinks there is no privacy. Is there something my mother can take at home?

You are satisfied with the doctors suggestion.

Difficult Conversation 2 – Examiner marksheet

MARKING RUBRIC	✓
<p>Opening:</p> <ul style="list-style-type: none"> • Introduces themselves. • Confirms Patient demographics. • Explains and gains consent from patient about consultation. 	
<p>Main Consultation:</p> <ul style="list-style-type: none"> • Query what her concern is • Apologise that the request for the LOROS bed was rejected. • Explain that her mother currently is symptom free other than the constipation, and does not require the specialist care at LOROS which she did originally as she was very poorly • Explain the blood tests (suggest it is improving and that her WCC is rising meaning the body is fighting the infection). • Explain what LOROS is for and that unfortunately they have certain guidelines for referrals that they are able to accept • Offer that there are alternatives such as a community hospital step down, carers at home QDS, care homes, say that she won't be discharged before she has PT/ OT and is deemed fit for home, also suggest referral to palliative team in the community and writing to the GP as well so her mother is not lost to the system in case symptoms worsen • Query if there were already carers in place / neighbours / friends who visited her regularly • Manage the concerns regarding constipation (offer laxido/ Macrogol and enema / suppositories as alternatives) • use patient entered approach • Respond to verbal and non-verbal cues • Talk to the relative with sensitivity, compassion and empathy 	
<p>Ending consultation:</p> <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: