

Palliative care 3rd Annual meeting

Standardized Patient Case 1 (20 minutes)

Primary Care Provider (PCP) Office:

Sandra and her PCP

Sandra is a 44-year-old female who has been your patient for 9 years. She has no past medical history, does not smoke, drinks socially, and does not use recreational drugs. She is heterosexual and monogamous with her husband. There is no significant family history. She comes to see you regularly for her annual exams; all routine tests have been within normal limits.

Sandra began annual mammogram screenings after she turned 40. The first four screenings were all negative. Her most recent annual mammogram, however, showed an indeterminate finding, and she was referred to Interventional Radiology for an ultrasound-guided fine needle biopsy. You received the biopsy report, which showed positive for invasive ductal carcinoma.

Today, Sandra came to your office to learn her biopsy results.

Task:

Sandra is waiting for you in your office. You must tell Sandra that her biopsy showed she has breast cancer—specifically, invasive ductal carcinoma. You must also tell Sandra that you are referring her immediately to a surgeon and oncologist for cancer staging and to develop a treatment plan.

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Standardized Patient Case 2 (30 minutes)

Oncology office: Sandra, Tim and oncologist (the same oncologist for 10 years)

Sandra is now 54 year old. You were part of her first breast cancer treatment team 10 years ago. Fortunately, her cancer was identified earlier, and she had a lumpectomy with no chemotherapy. Since then, she has been the model patient. She has been followed by her breast surgeon and your offices yearly. She comes every year for her mammogram; she eats a totally organic diet and exercises regularly. She missed her annual mammogram 6 months ago for the first time last year due to her daughter's wedding but continues to feel healthy.

She presented to your office one week ago after her mammogram and complained of back pain and fatigue. On exam you palpated a slightly enlarged axillary lymph nodes. You were concerned enough about a reoccurrence of her breast cancer and ordered a bone scan and a CT of the abdomen and pelvis.

Today she returns to your office with her husband to review her test results.

Bone scan	Results: abnormal uptake on dorsal spine, 2 spots on right ribs, 2 spots in skull
CT of: abdomen, pelvis, chest ordered	Results: chest pelvis- negative abdomen- 2 5cm spots on liver

Task –

Sandra is waiting for you in your office with her husband. You must tell Sandra that after reviewing her tests you are very concerned that her breast cancer has reoccurred with possible metastasis to the liver and bones. You must tell Sandra that you are referring her immediately to a liver biopsy to confirm the diagnosis. You are expected to deal with her emotions. And you must discuss code status and Advance care planning with her during this encounter.

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Standardized Patient Case 3 (40 minutes)

Intensive Care Unit (ICU):

Critical care physician, RN, Tim, Jenna and hospital chaplain

Sandra has been receiving palliative chemo with oncology for her metastatic cancer. She was hospitalized 3 times during the last 6 months, the first time for neutropenia fever, second time for DVTs, and the 3rd time for acute renal failure. She has been getting weaker with a reduced appetite and significant weight loss and is barely able to get out of bed. Her oncologist has been talking with her and her husband to consider stopping the cancer treatment and enrolling in hospice care. Sandra understood what hospice meant but did not feel ready for that. She wanted to continue treatment and believed she would beat the odds.

Five days ago, in the morning, when Tim checked on her at breakfast, she was in severe distress, struggling to breathe. He called 911 but her heart stopped beating before the ambulance arrived. Tim started the CPR and EMT took over upon arrival. It was a 20-minute downtime before ROSC. She was intubated, placed on pressors and admitted to ICU. She was found to have massive PE despite having been on Anticoagulation for her DVTs.

Sandra has been on the ventilator for 5 days, she was still on 2 pressors, no neurological response, and experiences intermittent jerking of the left leg without a clear trigger. EEG did not show seizure but indicated severe anoxic brain injury. MRI was done per husband request, also showed anoxic changes. She is FULL code.

Task – You are the critical care physician and RN and need to discuss the next steps with Sandra’s husband and her elder daughter. You must discuss code status and present the option of comfort care/withdrawal life support. You must explain to her family that due to her severe anoxic brain injury she is unlikely to have a meaningful recovery. You must also explain the process of extubation and how she will be kept comfortable, as well as the uncertainty surrounding her life expectancy after extubation.