

Anesthesia Toolbox

OSCE Template

OSCE 1: Adverse Event

Learning Objectives:

Upon completion of this activity, the participant is expected to be able to:

- Communicate medical errors or complications, including potential causes and outcomes, as well as plans for further evaluation and treatment.
- Respond to questions from the patient's family using lay terms.
- Demonstrate understanding of and empathy for the patient's situation.

OSCE: You are an anesthesia attending. Your patient is unexpectedly admitted to the ICU after you accidentally administered vasopressin instead of ondansetron to the patient at the conclusion of a laparoscopic cholecystectomy, resulting in a hypertensive crisis. The patient is currently intubated and sedated in the ICU after receiving multiple antihypertensive agents. A head CT performed postoperatively demonstrated a small subarachnoid hemorrhage. The patient's partner is waiting to speak with you regarding this medication error and the resulting complication.

The following will be provided to the participant:

Background/Setting: ICU/ICU waiting room

HPI: You are an anesthesia attending at an academic hospital. At the conclusion of an uneventful laparoscopic cholecystectomy, you accidentally administered 40 units of vasopressin instead of 4 mg of ondansetron to your patient. The medication vials were incorrectly stocked in the drug tray due to look-alike vials, and you failed to notice the stocking error before administering the medication to the patient. The error was quickly recognized when the patient became extremely hypertensive, resulting in a hypertensive crisis. Multiple antihypertensives were administered to the patient, but the patient's blood pressure remained extremely elevated for over 15 minutes. Given the prolonged period of extreme hypertension, the decision was made to admit the patient to the ICU for further monitoring.

A head CT was performed postoperatively to identify any evidence of end-organ damage, which demonstrated a small subarachnoid hemorrhage. The patient is intubated and sedated in the ICU. The patient's blood pressure is now well-controlled, but the neurologic status is currently unknown.

OSCE Scenario Objective: Your task is to discuss this medication error and perioperative complication with the patient's partner.

Script

“Communication with Patients and Families” – Interpersonal and Communication Skills 1 **Setting:** ICU waiting room

State	Participant	Actor Role = Patient’s spouse	Room Setup
Initial Interaction	Participant enters room and introduces self to the patient’s spouse	<i>“Hello doctor. Thank you for coming to see me. What is going on? Why is my husband/wife/partner in the ICU? What happened?”</i>	
Response 1	<p>Participant explains the situation surrounding the patient’s condition and medication error to the patient’s spouse/partner.</p> <ol style="list-style-type: none"> 1. Medications stocked incorrectly in drug tray 2. Wrong medication administered to patient resulting in hypertensive crisis 3. Failure to read medication label 4. Attempted to control blood pressure quickly 5. Results of head CT 6. Unknown neurologic status 	<p>Potential responses or follow-up questions from spouse depending on participant’s explanation:</p> <ol style="list-style-type: none"> 1. <i>What medications were given incorrectly?</i> 2. <i>How did this happen?</i> 3. <i>What is going to happen to my husband/wife/partner now?</i> 4. <i>Will he/she/they wake up?</i> 5. <i>Is there something wrong with his/her/their brain?</i> 6. <i>Are there any other complications from this medication error?</i> <p>If the participant does not use lay terms to describe the situation, the</p>	

		<p>patient should ask clarifying questions. <i>"I don't understand what that means. Can you explain further?"</i></p>	
Response 2	<p>Participant responds to patient's spouse/partner and answers any follow-up questions</p>	<p>Spouse appears agitated. <i>"How could you have let this happen?"</i></p>	
Response 3	<p>May go one of several directions:</p> <ol style="list-style-type: none"> 1. The participant does not display empathy or apologize. 2. Participant apologizes to patient's spouse/partner. The participant shows concern and empathy for the patient's situation. 	<p>If#1: If participant fails to apologize or show empathy, the patient's spouse/partner can get angry or upset, and interrupt the participant: <i>"How could you do this? Weren't you paying attention? You hurt my husband/wife/partner! This is all your fault! I'm calling my lawyer, we're going to sue you!"</i> etc.</p> <p>If #2: The participant apologizes: The patient's spouse/partner accepts the apology and appreciates the concern shown by the participant. <i>"Thank you. What happens now?"</i></p>	

<p>Response 4</p>	<p>May go one of several directions</p> <ol style="list-style-type: none"> 1. Participant apologizes to patient's spouse/partner. The participant shows concern and empathy for the patient's situation. 2. Participant explains the patient will continue to be monitored in the ICU and they will be updated as soon as new information is known about the patient's neurologic status 3. Participant doesn't know the next steps but will ask supervisor for 	<p>If #1: Patient's spouse asks: <i>"What happens now?"</i> and scenario continues with possible participant responses #2 and #3 in response 4</p> <p>If #2: Patient's spouse thanks participant and accepts assistance for further care/resources from patient relations. <i>"Thank you for your time and explaining the situation to me. How can this be prevented in the future? This sounds like malpractice."</i></p> <p>If #3: Patient's spouse/partner asks to speak to participant's superior for</p>	
--------------------------	--	---	--

Resolution	<p>May go one of several directions:</p> <ol style="list-style-type: none"> 1. Reassure that the patient is being well cared for and that the patient's spouse/partner will be updated immediately on any changes. Participant offers to involve or discusses the role of <ol style="list-style-type: none"> a. Their supervisor b. The quality improvement process, incident reporting and root cause analysis c. Risk management d. Patient relations/patient ombudsman 2. Participant seeks assistance of supervisors 	<p>If #1 or #2 "Thank you doctor." – End scenario</p>	
-------------------	---	---	--

Grading Sheet and Milestone Mapping

Milestone Level	Milestone Rubric (for grading)	Specific Action or Behavior	Achieved (Y/N)	Evaluation Comments
Entry	<p>ICS1-L1-1 Communicates with patients and families in an understandable and respectful manner</p> <p>ICS1-L2-2 Actively listens to elicit questions and concerns</p> <p>ICS1-L1- 2 Provides timely updates to patients and families</p> <p>SBP1-L2-1 Identifies system factors that lead to patient safety events</p>	<p>1. Acknowledge the patient’s spouse’s concern regarding the medication error and perioperative complication, demonstrating empathy for the patient and their family.</p> <p>2. Describes the medication error and resulting hypertensive crisis to the patient’s spouse including details surrounding the event. Asks for help as needed in communicating with family and assisting with follow-up care/resources if unsure of next steps.</p>		

<p>Junior</p>	<p>ICS1-L2-2 Customizes communication with families</p> <p>P1-L2-1 Demonstrates insight into professional behavior</p>	<ol style="list-style-type: none"> 1. Discloses the medication error as the cause of the hypertensive crisis and resulting subarachnoid hemorrhage. Gives appropriate description of the event and resulting complication using lay terms 2. If the patient's spouse becomes upset, is able to negotiate simple patient conflict and provides assistance with further care, asking for help as needed. 		
<p>Mid</p>	<p>SBP1-L3-2 Participates in disclosure of patient safety events</p> <p>ICS1-L3-1 Explains complex information to patient and family</p>	<ol style="list-style-type: none"> 1. Communicates medical complication with the patient's spouse including details surrounding the medication error and hypertensive crisis. Demonstrates concern and understanding of the patient's situation and apologizes as appropriate 		

	<p>SBP2-L3-1 Coordinates the care of patients in complex situations</p> <p>ICS1-L3-2 Uses shared decision making with patient</p> <p>P1-L3-1 Recognizes need to seek help in managing complex interpersonal situations</p>	<p>for the medical complication.</p> <p>2. Provides the patient's spouse with assistance in communicating further care of the patient including consulting with patient relations or other institutional resource applicable for adverse events.</p>		
Senior	<p>SBP1-L4-2 Discloses patient safety events to patients and families</p>	<p>1. Communicates medical complication with the patient including all details surrounding the medication error and hypertensive crisis. Demonstrates concern and understanding of the patient's situation and apologizes as appropriate for the medical complication</p>		

	<p>SBP2-L3-3 Uses system resources to meet the needs of patient</p> <p>P1-L4-1 Recognizes and utilizes resources for managing ethical dilemmas</p>	<p>2. Provides the patient's spouse with assistance in communicating further care of the patient including consulting with patient relations, other care team members. Describes the role of relevant institutional resources:</p> <ul style="list-style-type: none">a. Quality improvement processb. Patient relations/patient ombudsmanc. Risk Management		
--	--	---	--	--

		Global Rating Score	(1-5)	
--	--	---------------------	-------	--

Note: Overall entrustment level for the Global Rating uses the same system as the EPAs on myTIPreport:

- 1 – I would need to do the activity
- 2 – Direct supervision
- 3 – Reactive supervision
- 4 – Available if needed
- 5 – independent practice

Grading Sheet

Specific Action or Behavior	Achieved (Y/N)	Evaluation Comments
<p>1. Acknowledge the patient's spouse's concern regarding the medication error and perioperative complication, demonstrating empathy for the patient and their family.</p> <p>2. Describes the medication error and resulting hypertensive crisis to the patient's spouse including details surrounding the event. Asks for help as needed in communicating with family and assisting with follow-up care/resources if unsure of next steps.</p>		

<p>3. Discloses the medication error as the cause of the hypertensive crisis and resulting subarachnoid hemorrhage. Gives appropriate description of the event and resulting complication using lay terms.</p> <p>4. If the patient's spouse becomes upset, is able to negotiate simple patient conflict and provides assistance with further care, asking for help as needed.</p>		
<p>5. Communicates medical complication with the patient's spouse including details surrounding the medication error and hypertensive crisis. Demonstrates concern and understanding of the patient's situation and apologizes as appropriate for the medical complication.</p> <p>6. Provides the patient's spouse with assistance in communicating further care of the patient including consulting with patient relations or other institutional resource applicable for adverse events.</p>		

<p>7. Communicates medical complication with the patient including all details surrounding the medication error and hypertensive crisis. Demonstrates concern and understanding of the patient's situation and apologizes as appropriate for the medical complication</p> <p>8. Provides the patient's spouse with assistance in communicating further care of the patient including consulting with patient relations, other care team members. Describes the role of relevant institutional resources:</p> <ul style="list-style-type: none"> a. Quality improvement process b. Patient relations/patient ombudsman c. Risk Management 	-	
<p>9. Independently communicates medical complication with the patient including all details surrounding the medication error and hypertensive crisis. Demonstrates concern and</p>		

<p>understanding of the patient's situation and apologizes as appropriate for the medical complication. Describes in detail the role of relevant institutional resources and next steps in the process:</p> <ul style="list-style-type: none"> a. Quality improvement process (incident reporting, root-cause analysis, recommendations to the providers, department and system) b. Patient relations/patient ombudsman c. Risk Management <p>10. Able to independently negotiate patient and family conflicts, and diffuse emotional tension in a complex situation.</p>		
Global Rating Score	(1-5)	

Note: Overall entrustment level for the Global Rating uses the same system as the EPAs on myTIPreport:

- 1 – I would need to do the activity
- 2 – Direct supervision
- 3 – Reactive supervision
- 4 – Available if needed
- 5 – independent practice