Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

Disclaimer	This scenario has been written by palliative care specialists but intended for delivery by generalist doctors for the simulation training of IMT3 level doctors. **Please adapt the scenario based on your local needs.** **It would be preferable for the debrief to be led by a palliative care specialist if one is available.** We strongly recommend that given the sensitive nature of the content, that faculty have sufficient formal training and faculty development prior to delivery of this sim.	
Learning Outcomes	Technical	Non-Technical
	• Recognition of limited reversibility • Symptom control of pain • Consideration/safe use of CSCI • Symptom control of nausea • Advance care planning • Recognising social, financial and psychological support (holistic care) • Recognition of range of interventions that can be delivered in acute and non-acute settings	• Communication • Team working • Supporting other colleagues • Negotiation • Situational awareness • Escalation • Decision making
Scenario Overview	Caleb, a 51 year old man with extensive disease from metastatic pancreatic cancer, presents to A&E with 3 days of worsening constipation despite laxatives, worsening constant dull abdominal pain in the epigastric region and persistent severe nausea impairing oral intake. A&E have done bloods and a new CT scan shows significant disease progression. It is out of hours, so Oncology are not able to take over care so he has been referred to medicine. <u>Caleb will want to talk about:</u> - Getting symptoms under control - What prognosis is likely to be - Advance care planning (preferred place of care/eventual death is home) - Re-engaging with his faith - Supporting his wife and son	
Set Up	<u>Setting</u>: A&E <u>Patient</u>: **ideally this should be played by an actor**, less ideal would be a faculty member	
Prop List	<u>Paperwork</u>: patient's oncology letter, patient's A&E notes including blood results (see below) <u>Guidelines</u>: local palliative care guidelines on anticipatory prescribing <u>Telephone</u> to call seniors	

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

Console		A	B	C	D
	RR	24			
	SpO_2	98% (on air)			
	HR	110			
	BP	112/76			
	Rhythm	Sinus			
	Temp	36.9			
	Eyes	Equal, reactive			
Expected Actions	The observations should remain static throughout the scenario. The participants should complete an initial A to E assessment They must explain to the patient what is happening, answering and addressing any concerns raised They must seek to control the patient's symptoms (pain and nausea) and seek senior support if needed				
End Point	Roughly 15 minutes for this scenario End point when they have addressed the above expected actions				

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

Participant briefing	You are the medical clerking team, it is 8pm – A&E have referred a 51 year old man, Caleb Nwosu, who has a history of widespread metastatic pancreatic cancer. He presents to A&E with 3 days of worsening constipation despite laxatives, worsening constant dull abdominal pain in the epigastric region and persistent severe nausea impairing oral intake. A&E have done bloods and a new CT scan shows worsening disease progression. It is out of hours, so Oncology are not able to take over care so he has been referred to medicine. **Please manage Caleb's symptoms and explore his wishes and concerns.** *Allow participants to ask some questions if needing clarity on the case* *Please remember to give or point out the patient notes*
	Patient (actor) briefing:

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

Patient Briefing	You are aware of your extensive cancer and that there is no further oncology treatment available. **(Highlight your oncology letter)** You have been taking your laxatives, yet your bowels haven't opened in 3 days and you've been getting worsening severe dull abdominal pain in the upper part of your abdomen. In the last 2 days there has been persistent new nausea which is impairing your ability to eat, drink or take your tablets. <u>The diagnosis</u> They have taken bloods and done a CT scan today. The A&E doctors said that "things were worse on my latest scan" but you were too frightened to ask more about that. **You now wish to know from the medical doctors** *"What does this result mean for me? Be honest with me. How much time do you think I have left?"* Participants should seek to control your symptoms (explaining the use of drugs via a syringe pump) They should explain the uncertainty of a prognosis. They should explore your priorities. **If they do not broach your wishes/priorities, prompt them with the comment** *"If time is short, I do not want to be here (in hospital)"* - You wish to have your symptoms controlled - You are worried about how your family and young son will cope with the news. - You want to be with your family. If it is possible, you would like to return home to be with your 8 year old son Michael, and your wife Vivian. Your preferred place of care would be home - You are unsure about how you will cope at home though – if they offer you a package of care, explain you are worried about how you will pay for this **(trainees will hopefully explain they will explore this in more detail and get back to you. They may not know that funding exists to pay for your care as you approach the end of life).** - If things were not likely manageable at home, then you would consider going to the hospice but will need an explanation of what they can offer there. - You are strongly Catholic and wish to re-engage with your faith but are unsure how to - You have been having panic attacks thinking about how short time might be – you will accept a social work referral for emotional support

	CPR and Treatment Escalation Plan decisions are broached, you understand that a resuscitation attempt (involving chest compressions and shocks) would be unlikely to succeed and agree to a DNACPR form. You agree to the Treatment Escalation plan set by the participant.

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

Patient PMHx	**Past medical history:** • **Diagnosis:** metastatic pancreatic cancer • **Treatment**: disease progression through all lines of chemotherapy Last chemotherapy 3 months ago – stopped due to side effects Left sided nephrostomy sited due to blocked left ureter from invasive disease **Last CT scan (1 month ago)**: disease progression, existing metastases seen in liver and lung. New metastases to peritoneum and new liver metastases. Left-sided nephrostomy in situ and patent **Oncology letter** (below): no further oncological treatment available. **Drug history:** - Macrogol 2 sachets BD - Sodium docusate 200 mg BD - Senna 15 mg BD - Oxycodone modified release tablet 20 mg BD NKDA **Social history:** Lives with his wife and son (aged 8) Wife Vivian supports with all ADLs – these have become increasingly difficult but Caleb has been hesitant to accept a formal package of care **Treatment escalation plan and CPR decisions:** none made
Investigations & results	**Bloods from A&E today:** Hb 93 WCC 13 Plt 134 Na 132 K 4.5 Creatinine 155 eGFR 43 Bili 5 ALP 45 ALT 76 INR 1.1 CRP 83
Plant Briefing	You are a capable A&E nurse. You are familiar with the case details and can give any medications needed. **You might need to prompt** the use of a syringe driver by saying that Caleb is due his evening oxycodone M/R tablet but he struggled to take the tablets due to persistent severe nausea.

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

	You might need to highlight the lack of CPR and Treatment Escalation decisions by commenting on how unwell Caleb looks and that you are worried if he deteriorates further.				
On Examination		A	B	C	D
	Colour	Pale			
	Skin	Cool			
	CRT	3 seconds			
	GCS	15			
	Pain Score	Severe			
	Abdomen	Mildly distended, diffusely tender			
Telephone Assistance	**ONCOLOGY registrar or consultant telephone advice:**				
	You have not met Caleb before but have accessed his notes and letters. It appears the Oncology consultant was suggesting symptom control and supportive care and you feel this is reasonable. Caleb's disease is very bulky and likely to cause significant pain and nausea as well. No further oncological treatments can be offered. **If asked, you would struggle to provide a prognosis** but it may be short months. However, you emphasise the uncertainty of this. You are clear that you cannot see or clerk the patient tonight and that protocol is that medicine clerks and that Oncology will review tomorrow.				
	Senior telephone support e.g. medical consultant or palliative care team (played by faculty):				
	Elucidate from participants about: - Caleb's cancer background and trajectory - Recent scan results vs results today showing new changes - Likely cause of abdominal pain DDX: bulky disease progression with invasion into other structures, constipation, risk of bowel obstruction - Likely causes of nausea DDX: biochemical or GI causes - For symptoms, it may be reasonable to give Caleb a dose of SC oxycodone for pain and SC haloperidol for nausea and review effects to inform syringe driver doses **Prompt an ACP discussion if not already occurred** **Prompt a holistic assessment (exploration of social, financial, psychological aspects)**				

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

Debriefing	• The clinical/technical debrief must cover symptom control of pain and nausea (see below), communication skills and recognising limited reversibility. • It might also cover managing and sharing uncertainty with patients
References	• Each hospital should have their own local palliative care/management of the dying patient guidelines which includes support on anticipatory prescribing and how to access the palliative care team for advice 24 hours a day • Palliative care adult network guidelines https://book.pallcare.info/
Curriculum mapping	This scenario has been mapped to the IMT curriculum, capabilities in practice (CIP) 8 covers palliative care competencies. IMT3 doctor candidates should; Palliative care diagnoses: advanced malignancy Recognition of limited reversibility Symptom control of pain (and assessment of causes including disease progression, constipation, risk of developing bowel obstruction) Consideration/safe use of CSCI Symptom control of nausea of which there may be multiple causes including biochemical and GI causes including constipation itself Communication in challenging circumstances: Sharing uncertainty with the patient Advance care planning Support for patient and family (comms) – further support can come from palliative care social worker and palliative care team Recognising social, financial and psychological support (holistic care) Escalating (to senior or specialist) as appropriate Recognition of range of interventions that can be delivered in acute and non-acute settings

LONDON SIMULATION NETWORK
Hosted by UCLPartners

NHS
Health Education England

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

Written by: Date: Review date:	Scenarios should be overseen by a faculty member with appropriate clinical, educational or simulation experience, reviewed & re-evaluated regularly. **Ideally this scenario should be led and debriefed by a member of the palliative care team if that is possible.** Written by: Theresa Tran (Theresa.tran@nhs.net), palliative medicine trainee Date: 29/06/2022 Reviewed and supported by: **PalliSim network members** pallisim Anna Bradley (palliative medicine registrar) Armita Jamali (palliative medicine consultant) Christina Chu (palliative medicine registrar) Ruth Caulkin (palliative medicine consultant) Louise Robinson (palliative medicine consultant) Stephanie Hicks (palliative medicine consultant) Please adapt the scenario to meet local needs.

This letter is for simulation purposes only and does not show real patient data

Oncology department
Specialist hospital
Dr Patel
Dr Runcorn
Dr Alexi
Dr Georgiou
Dr Stathopoulos

Date: 1 month ago

Dear Dr GP,

RE: Mr Caleb Nwosu
NHS: 782 839 6526
DOB: 28/10/1970

Diagnosis: metastatic pancreatic cancer
Treatment: disease progression through all lines of chemotherapy
Last chemotherapy 3 months ago – stopped due to side effects
Left sided nephrostomy sited due to blocked left ureter from invasive disease

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

Last CT scan (1 month ago): significant disease progression, existing metastases seen in liver and lung.
New metastases to peritoneum and new liver metastases.
Left-sided nephrostomy in situ and patent
No bowel obstruction. Moderate ascites

Medications:
- Macrogol 1 sachet BD (increased today to 2 sachets BD)
- Sodium docusate 200 mg BD
- Senna 15 mg BD
- Oxycodone modified release tablet 20 mg BD

Allergies: none

Blood results (1 month ago): creatinine 135, eGFR 50

I reviewed Caleb today in clinic with his wife Vivian. He reports he has been struggling with constipation since starting oxycodone M/R so I have increased his laxatives today.

Caleb has also been troubled by worsening fatigue, weight loss and poor appetite and I note his performance status is 3. Vivian helps with all activities of daily living and I have discussed today the potential for a package of care – however both are currently confident that they can manage without this for now.

We have discussed that his recent CT scan shows further disease progression and unfortunately Caleb has progressed through all lines of chemotherapy. I have broached that focus of care should be symptom control and supportive care. Caleb and his wife would like more time to process this information.

Follow up in 2 weeks' time.

Yours sincerely,

Dr Alexi

PATIENT NOTES

A&E clerking TODAY

A&E SHO Khan

Background as per Oncology clinic letter

PC:
- 3 days worsening constipation despite increased laxatives
- Constant worsening epigastric abdominal pain

Course Title	IMT3 Simulation	Scenario Title	Advance care planning with a cancer patient
Patient	Name: Caleb Nwosu Age: 51 Hospital number: JK028395		

- New persistent severe nausea, struggling to take pain meds and food/fluids

Blood results (today):

- Hb 93
- WCC 13
- Plt 134
- Na 140
- K 4.5
- Creatinine 155 (baseline 135 on oncology letter dated 1 month ago)
- eGFR 43 (baseline 50 on oncology letter dated 1 month ago)
- Bili 5
- ALP 45
- ALT 76
- INR 1.1
- CRP 83

Plan:

- **CT scan today:** significant disease progression, there is bulky disease at the primary pancreatic tumour site with invasion and infiltration into neighbouring structures. No bowel obstruction but high risk of developing this due to degree of peritoneal metastases, many of which are new.
- **Phoned oncology SpR on call** – no oncology on site out of hours, recommend refer to medics and oncology can review tomorrow