

## Faculty Instructions and Mock Cases:

Thank you again for volunteering to be a “Standardized Receiver” for our **Consult/Handoff Case** over Zoom– this portion of the GME Orientation would not be possible without your assistance. You will have **20 minutes total for both cases including feedback.**

When you enter the Zoom, **turn off your video** as you are the “consultant” they will call – this should simulate a typical consult call via telephone.

- **CONSULT CASE:** When the intern is ready, they will consult you as the **pulmonary consultant**. See preparation and directions below. We anticipate the entire consult will take less than 5 minutes.
- After the conclusion of the consult, **turn on your video** to provide feedback on how they did.
- **HANDOFF CASE:** Ask them to move to the handoff case. Remind them **you are now playing the part of their co-intern (keep video on)**.
  - **The proctor will remind you at 10 minutes** to move to the handoff case if you have not already.
- The intern will then handoff to you. After the handoff, provide feedback on how well they did.
- The case and feedback will end in 20 minutes. **You will get a 2-minute warning from the proctor.**
- **EVALUATIONS:** You can either use printed assessments or use the RedCap to directly enter- whatever is easier for you.

### Preparation

Please complete the “Handoff Module” and “Consult Module” that all of the incoming residents will complete. This will take ~30 minutes and can be accessed through the following links: Consults: <https://vimeo.com/273510709> and <https://vimeo.com/66114004>

### Day-Of

Please be sure to arrive to the Zoom before your scheduled time. If you have a white coat or scrubs, you can wear but not required.

### Consult Instructions

As the “Standardized Consultant,” you will receive the consult provided by the resident. Each resident will be asked to complete the consultation while adhering to the 5 Cs framework for consultation communication. As the receiver, you are encouraged to engage in active listening, asking a question to clarify the case. The resident should demonstrate openness to receiving and incorporating recommendations from the consultant; at the appropriate time, please provide recommendations for the case (suggested recommendations for the case below). You will use an evaluation tool, the “5 Cs Checklist” to evaluate and provide feedback.

### Handoff Instructions

As the “Standardized Receiver”, it will be your job to receive the information provided by the resident “sender.” Each resident will review the sign-out, handoff the patients to you, after which you will provide feedback. As the receiver, you are encouraged to engage in active listening. This may include taking notes, repeating instructions, and asking questions. For the sake of time, we ask that you only ask the following question (if prompted): **“Is the ICU aware of this patient?”** → this question is only in reference to the sickest patient, patient #2.

Additionally, during this time, you will be evaluating the resident using the “Evaluation Checklist” (see below). After the session, please evaluate the resident using the Redcap link (you can also use paper and transcribe later). Thanks again and please let us know if you have any questions!

## Resident Instructions

You are a resident who has just re-evaluated a patient that you are covering. The patient needs a consultation from a specialist.

Your job is to use the information provided on the table below to successfully consult the specialist. This includes communicating all of the pertinent information about these patients, along with the reason for the consultation.

Please complete a consultation to the physician consultant waiting for you on the Zoom. As you do so, be mindful of your communication skills and adhere to the 5 Cs framework. A notecard to remind you of the 5 Cs framework has been provided for you.

Identifying information	Clinical Scenario	Medications	On Reassessment...	To Do:
Williams, Jennifer "Jenny" MR#: 5678901 Location: K567 NKDA  Date of Admit: 6/18/20  Attending: Shah  Code Status: FULL PCP: Park  COVID (-)	18 y/o F with moderate persistent poorly controlled asthma p/w asthma exacerbation in setting of viral URI, transferred to floor from outside hospital ED.  <i>Additional Information: 3 days prior to presentation at the outside hospital, patient developed cough and rhinorrhea. Later that same day, began wheezing and having shortness of breath. Pmhx: as above with prior intubation in 2014. Pshx: none. Current Physical Exam- T 37.0, HR 123, RR 22, BP 102/63, CV: tachy and regular, Pulm: diffuse expiratory wheezing in all lung fields. Imaging/Labs- CXR: normal; Covid-negative in ED; RVP- pending.</i>	Albuterol MDI 2 puffs Prednisone 60mg daily Flovent 110mcg 2puff BID Singulair 5mg daily Multivitamin daily	Patient has increased work of breathing	<input type="checkbox"/> Consult pulmonary to determine if patient will make q2h albuterol treatments or will need continuous nebulizers in the ICU  <input type="checkbox"/> Follow up respiratory viral panel
	1. Asthma exacerbation likely related to viral URI, At the outside hospital ED, required continuous albuterol for 3 hours, magnesium, atrovent, prednisone. Before transfer, weaned to q2h albuterol nebs. Transferred to the general floor. Arrived 1 hour prior.			

### – PLEASE START THE CONSULT –

**Standardized Consultant Recommendations:** You are the pulmonary fellow. Please suggest that the patient needs to be evaluated by the ICU for close monitoring and you will come see the patient to assess for continuous nebulizer treatments.

## GME Consultation OSCE – 5 Cs Checklist

The 5 Cs and Explanations	Checklist Item	Done	Not Done	Comments
<b>Contact:</b> Introducing the Consulting and Consultant Physicians	States name States rank and service Identifies supervising attending Identifies name of consultant	_____ _____ _____ _____	_____ _____ _____ _____	
<b>Communicate:</b> Giving a concise story and asking focused questions	Presents a concise story Presents an accurate account of information/case detail Speaks clearly	_____ _____ _____	_____ _____ _____	
<b>Core Question:</b> Preparing a specific question and deciding on a reasonable timeframe for consultation	Specifies reason for consultation Specifies timeframe for consultation	_____ _____	_____ _____	
<b>Collaboration:</b> Planning a course of action that results from discussion between consulting physician and consultant	Is open and incorporates consultants recommendations	_____	_____ ??	
<b>Closing the Loop:</b> Ensuring that both parties agree to the plan and to maintaining proper communication about any changes in the patient's status	Reviews and repeats plan of care Thanks consultant for consultation	_____ _____	_____ _____	

## Resident Instructions

You are a tired resident who has just finished a long shift on the wards.

Before leaving today, you need to handoff your patients (R. Miller, E. Houseman, and J. Williams) to one of your fellow residents who will be covering for you overnight.

Your job is to use the information provided on the sign-out form below to successfully transfer care of these patients to another provider. This includes providing all of the pertinent information about these patients, along with relevant action items.

Please handoff these patients to the receiver over Zoom. As you do so, be mindful of your communication skills.

Identifying information	Clinical scenario	Medications	If...then...	To Do:
Miller, Robert MR#: 1234567 Location: TS317 Allergies: PCN  Date of Admit: 6/16/20  Code Status: FULL PCP: Altkorn	47y/o M with h/o Crohn's disease s/p partial colectomy p/w partial SBO and AKI 1. <i>partial SBO</i> → surgery actively following, NGT to LIS d/ced today, starting clears 2. <i>AKI</i> → 3d h/o N/V, admit Cr 1.7 (baseline 0.9), with hydration 1.2 this morning, off IVF 3. <i>Prophylaxis</i> → LMWH SQ, NPO, IV PPI	Tylenol 650mg po q4-6hr PRN	If patient complains worsening pain or abdominal distension, make NPO & please page IBD and surgery	<input type="checkbox"/> follow up 8pm Cr , if >1.3, give 500 cc bolus
Williams, Jennifer MR#: 5678901 Location: K567 NKDA  Date of Admit: 6/18/20  Attending: Shah  Code Status: FULL PCP: Park  COVID (-)	18 y/o F with moderate persistent poorly controlled asthma p/w asthma exacerbation in setting of viral URI, transferred to floor from outside hospital ED.  1. <i>Asthma exacerbation likely related to viral URI</i> , required continuous albuterol for 3 hours, magnesium, atrovent, prednisone at OSH ED. Weaned to q2h albuterol prior to transfer to floor. Patient Covid negative. 2. <i>History of steroid induced hyperglycemia</i> - blood sugar checks and Sliding Scale Insulin	Albuterol MDI 2 puffs Prednisone 60 mg QD Flovent 110mcg 2puff BID Singulair 5mg daily Prednisone 60 mg Multivitamin daily SSI	If patient has increased work of breathing or worsening oxygenation, transfer to ICU (ICU evaluated and felt stable for floor at present)  If patient has blood sugar >200, follow SSI	<input type="checkbox"/> Follow up on final pulmonary recommendations on continuous nebs  <input type="checkbox"/> Follow up respiratory viral panel
Houseman, Emma MR#: 5678901 Location: TS367 NKDA  Date of Admit: 6/19/20  Code Status: FULL PCP: Lee	28y/o F with h/o uterine fibroids p/w vaginal bleeding and symptomatic anemia 1. <i>Vaginal bleeding</i> → likely related to uterine fibroids, Hgb on presentation 4.5 and patient lightheaded, transfused 3U PRBC's in the ED, await repeat CBC; has 2 large bore peripheral IVs 2. <i>Prophylaxis</i> → SCD's	Tylenol 650mg po q4-6hr PRN	If worsening bleeding, hypotension, or Hgb falling, please page ob/gyn to evaluate for embolization/surgery	<input type="checkbox"/> repeat CBC pending at 8pm, if Hgb <8 give an additional unit

**---PLEASE START THE HANDOFF---**

# GME Handoff OSCE - Evaluation Checklist (IPASS adapted)

**Directions:** During the Handoff simulation, please evaluate the residents based on the following five questions.

IPASS Domains	Needs Improvement	Satisfactory	Outstanding
<p><b>Did the resident appropriately prioritize the patients (in order of ILLNESS) when delivering the handoff to the receiver?</b></p> <p><i>(Patients should be in the following order: 1. Williams 2. Houseman 3. Miller)</i></p>			
<p><b>Did the resident provide an appropriate amount of information in the PATIENT Summary?</b></p> <p><i>(Too much info could be overwhelming ...allergies, prn meds, MRN, or stable chronic problems like HTN or too little information. Ideally a good one liner with a presumed diagnosis, major problems, if/then and to-do)</i></p>			
<p><b>Did the resident communicate specific ACTION STEPS and inform to the receiver of what to do if possible situations arise?</b></p> <p><i>(i.e. "If , then " or "To-Dos").</i></p>			
<p><b>Did the resident inform the receiver of what to do if possible situations arise? (SITUATION AWARENESS)</b></p> <p><i>(i.e. "If , then " or "To-Dos").</i></p>			
<p><b>Did the resident encourage and provide the receiver with appropriate opportunities to ask questions? (SYNTHESIS)</b></p> <p><i>(For example, Do you have any questions?)</i></p> <p><i>Note: The receiver should only ask "Is the ICU aware of this patient?"</i></p>			
Notes			