

Breaking Bad News Student Case Scenario

SP Case: Patient Mr./Mrs. Kris Thompson

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Name of Case: Breaking Bad News: NP's Having Difficult Conversations with a patient regarding End Stage Renal Disease (CKD 5)

Patient name: Mr./Mrs.Thompson

Learner centered Objectives:

Upon successful completion of this assignment the learner will:

1. analyze the NP scope of practice during care transition
2. analyze their own emotions and feelings so there is intentional affective growth
3. practice effective communication in challenging scenarios using principles of patient-centered communication and shared decision making
4. implement the SPIKES protocol during the patient encounter

Case Specifics:

(Gender will be specific depending on SP)

Chief Complaint: "I am here to get my lab results from last week's visit. I am still not feeling well at all"

History of Presenting Illness:

This 65 yo patient returns to the office today for follow up on labs that were drawn last week. On that visit the patient was accompanied by their partner for a follow up on Diabetes, HTN, Hyperlipidemia, and CKD 3a. The patient stated " I am just not feeling well at all". In reviewing the chart and obtaining a more detailed history at that visit, you realized that the patient had not been seen for over one year and had not been compliant with keeping any chronic medical conditions under control. The patient admitted to not taking any of the medications as prescribed. In the past the patient had been advised that compliance is important or there could be poor health outcomes in the future. During the physical exam the patient was pleasant, cooperative, alert & oriented. The patient appeared fatigued, underweight, had an unhealthy pale skin tone,

a gray hue to the dry skin, and had bruises on the arms bilaterally. The patient's appearance has not changed from last week.

One year ago the A1C level was 8.9, BUN 26, Creatinine 2.2, eGFR 45. The creatinine clearance was 88 ml/min. The NP obtained the renal labs, urine for creatinine clearance, and A1C level at the previous visit and he/she is now back today to follow up and to review the new lab results. The results are as follows:

A1C level–10.1 (normal is <6.5%)

BUN-34 (normal is less than 24)

Creatinine–4.9 (normal is 1.3 or below)

eGFR–14 (normal is 90 or above)

Creatinine clearance 11 ml/minute (normal in males 97-137 ml/minute; females 88-128 ml/minute)

| | |
|--|---|
| Onset | Gradual worsening of CKD over past year |
| Location | Kidneys |
| Duration | Diabetes, HTN, Hyperlipidemia diagnosed in 2014 CKD 3a diagnosed 2016 CKD 5 diagnosed today |
| Radiation | N/A |
| Quality | N/A |
| Amount | N/A |
| Aggravated by what | N/A |
| Relieved by what | N/A |
| Associated with what | Feeling ill |
| Attitude (what does the patient think is the problem, and how does he/she feel about it) | Concern because he/she is not feeling well at all and is worried about what the new lab results will show |
| Medications | Ozempic 1 mg weekly Farxiga 10 mg daily Lisinopril 10 mg daily Atorvastatin 20 mg daily |

| | |
|----------------|-----------------------------------|
| Social history | Married; 2 children in local area |
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You must now inform the patient that his/her A1C level is very high and their Diabetes is out of control. In addition, and of more concern is that his/her kidneys have worsened significantly and he/she has now progressed into complete kidney failure (ESRD also known as CKD 5)

FYI: You will need to have a basic understanding of the normal and abnormal values for the A1C, Renal functions, and Creatinine clearance, and be able to explain the lab value changes from last year to this year.

Primary diagnosis:

1. Hypertension
2. Diabetes
3. Hyperlipidemia
4. ESRD (CKD 5)

Plan:

1. Transition patient to a Nephrologist for further workup and treatment plan
2. Patient will continue management of other chronic medical conditions at this primary care office

PROFESSIONALISM ISSUES OR CHALLENGES:

The student will:

1. discuss the results of the previous and current lab values to show the difference from last year to now.
2. develop a chart that is clear and detailed for the patient to be able to visualize the last labs versus the current labs.
3. provide a discussion on how these two chronic medical conditions can affect the kidney and cause severe changes
4. provide the patient with a basic understanding of what CKD 5 (ESRD) means
5. inform the patient they need to be referred to a Nephrology specialist to further assess the patient and set a plan of care for them

Throughout the process, the student should use good communication skills to break the bad news to the patient.

The student should create an environment and tone that is supportive (e.g. calm voice, prep the patient for the fact that the test results are not good, and provide empathic reflections on concern and worries the patient may have).

SP Training Materials-written in lay terms for SP

Case Information

Patient Name: Mr./Mrs. Thompson

Domain: Chronic

Diagnosis: End Stage Renal Disease (ESRD), Diabetes, Hypertension, Hyperlipidemia

Gender: Male/Female depending on SP

Age: older SP-65

Race: depending on SP

Incompatible Characteristics: N/A

Setting: FNU patient exam room in outpatient clinic

Allergies: none

General appearance: Appears fatigued and underweight; pleasant & cooperative

Opening Statement: "I am here to get my lab results from last week's visit. I am still not feeling well at all".

History of Present Illness:

You presented to the office 1 week ago with your partner for a follow up on diabetes, high blood pressure and kidney disease. You were fatigued and had lost weight, had an unhealthy pale skin tone, a gray hue to dry skin, and bruises on both arms. You have not been seen at all in the past one year for any of your chronic medical conditions except at last week's visit when you had your labs drawn. You admit that you have not been taking your medications as prescribed, had missed doses, and have not been eating properly.

One year ago your lab results were as follows: **This should be shared with you by the students. You do NOT need to know these numbers as an SP.**

- A1C level was 8.9 (normal is less than 6.5). This measures your glucose average over 90 days. **This result tells us your diabetes was not well controlled.**
- Kidney functions results
 - BUN 26 (normal is less than 24),
 - Creatinine was 2.2 (normal is less than 1.3),
 - eGFR was 45 (this is considered Chronic Kidney Disease 3a which is a moderate stage) Normal is 90
 - Creatinine clearance was 88 (this also measure kidney function)

You have been informed in the past that if you do not eat properly, take your medications as prescribed, and do every 3 months follow ups in the office for lab monitoring, that you could end up with poor outcomes in the future, which could include complete kidney failure leading to dialysis. You were also informed that frequent monitoring can help your health care provider to catch problems sooner and that uncontrolled diabetes can cause many complications, especially to your kidneys, which is why we need to have you seen on a regular basis.

Weight loss: 20 pounds over last year

Diet; higher carbs, sugary foods, not following diabetic diet

Onset: Gradual worsening of chronic kidney disease over time

Location: Kidneys

Duration: Diabetes, high blood pressure, high cholesterol diagnosed 2014; Chronic Kidney Disease 3a diagnosed in 2016; Chronic Kidney Disease 5 (End Stage Renal Disease) diagnosed today

Characteristics: N/A

Aggravating/Alleviating: N/A

Radiating: N/A

Timing: N/A

Severity: Severe

Patient Emotional Affect: in good spirits, pleasant and cooperative but appears worried before hearing test results; When the student breaks the news the SP should be very upset and act shocked at the new diagnosis. They may cry, be very silent, etc

Meaning of illness: Patient is worried about not feeling well and what the new lab results will show

1. Once the initial shock is over then the student will provide more information on the lab results and explain the changes from one year ago until now
2. The SP can ask: "What does this mean? Am I going to die?"
3. The SP can explain that they had a friend they used to bowl with that was on dialysis because his kidneys failed and he ended up dying.
4. **Is this why my urine is so much darker now? Is that why my skin color looks off and I don't feel well?**
5. The SP can ask "Am I going to have to be on dialysis too?"
6. The SP should ask "who is going to follow my diabetes and high blood pressure?"

Current medications:

Ozempic 1 mg weekly for diabetes

Farxiga 10 mg daily for diabetes

Lisinopril 10 mg daily for high blood pressure

Atorvastatin 20 mg daily for high cholesterol

Past Medical History:

Diabetes-2014

High blood pressure-2014

Chronic Kidney Disease 3a-2016

High cholesterol-2014

Social History:

Lives with wife/husband

Has 2 children that are local

Scenario Development

SP Opening Statement:

."I am here to get my lab results from last week's visit. I am still not feeling well at all".

Things SP needs to do following the encounter:

1. Immediately after the session ends and you have completed your student feedback discussion, you will fill out the evaluation form for the student in SimIQ
1. Answer all of the questions
2. Provide feedback on their strengths and weakness; areas for improvement
3. Please be detailed in your written responses. This helps with the grading process