

## TeleOSCE – Post-Discharge

### STANDARDIZED PATIENT INSTRUCTIONS

#### The Scenario

Your name is Janet Jones. You have a long history of alcoholic cirrhosis, a condition in which your liver is scarred from drinking heavily in your younger years. You have been in the hospital before with fluid buildup in your belly and legs (which can happen with your condition) but this has been well controlled recently with the help of a few water pills. You were discharged four days ago after being admitted again for worsening fluid buildup in your belly (which is called ‘ascites.’). You were told your kidney function worsened a little in the hospital and the doctors had to stop your water pills for a few days. When you were discharged, they resumed the water pills but at a lower dose. You asked them why the doses had to be lowered because you are worried that the fluid is going to come back quickly. You have a lot of questions about diet and exercise and long term plans regarding the fluid.

#### Hospital course:

- The doctors in the hospital took out a little bit of fluid to make sure it was not infected.
- You were forced to wait over 24 hours and then they took out a significant amount of fluid, which made you much more comfortable.
- Several of your home medications including your water pills were held during this hospitalization.
- You were eventually discharged on Lasix 40 mg daily and Aldactone 50 mg daily, which are doses lower than what you came in on. You do not understand why the doses were lowered when the fluid is the problem that brought you into the hospital.

This hospitalization was confusing to you\_ you are not clear about the relationship between the water pills and your kidney

	<p>function. Is the fluid going to be there forever? Are there any diet changes that you need to follow?</p> <p>Since discharge you have been taking your medicines, drinking lots of water and watching your weight – you have been recording your weight every day as instructed and have gained a few pounds. <b>YOU HAVE THE WEIGHTS WRITTEN DOWN WITH YOU.</b> You have stuck to a low salt diet, specifically avoiding take-out food. You are urinating frequently but it is difficult to quantify.</p> <p>You think your belly and legs are more swollen than they are typically. Additionally, you feel tired in general and have no energy.</p> <p>You have not experienced any fevers, chills or sweats. Nor have you had any diarrhea or vomiting. You have not had any bloody stool, dark black stool, or bloody vomit. You have an occasional beer still (despite being told not to) but have not been drinking heavily.</p> <p>You have an appointment to see your GI doctor in person in two weeks, however you want to discuss your symptoms with your physician sooner – specifically the puffiness in your feet and your weight gain – since you were told at discharge that these were ‘alarm symptoms’ to watch out for. You called to see if you could set up an appointment earlier and you were offered a televisit today. Since it takes almost one hour to reach the clinic by public transportation, this sounded like a great option.</p>
<b>Personality</b>	<p>You are a content 65 year old female who has been a bit shaken and confused by your recent hospitalizations. You are compliant with your medical care and prescriptions as above. While not medically “savvy”, you are savvy enough to want to know the answers to your questions.</p>
<b>Current Life Situation</b>	<p>You are living with your husband on the Upper West Side in a two-story walk-up. You have 2 grown children who live in the area. You are a retired postal worker and have a group of close friends with whom you socialize.</p>
<b>Past Medical/Surgical History</b>	<p>You have had a long history of alcoholic cirrhosis but the fluid in your belly (called ascites) seems to be worse recently. You follow up with your doctor regularly but are not listed for transplant. You have had all appropriate vaccinations and</p>

	<p>screening tests for other complications of cirrhosis including a recent endoscopy to test for bleeding in your stomach. You are not sure what your prognosis is.</p> <p>You have no allergies</p>
<p><b>Family Medical History</b></p>	<p>You dad was an alcoholic and died in his 50s. No heart disease. No cancer. Your children are healthy.</p>
<p><b>Psychosocial History</b></p>	<p><b>Coping Styles</b> You have a good support system of family and friends.</p> <p><b>Sexual History</b> You are sexually active with your husband</p>
<p><b>Life-Style History</b></p>	<p><b>Smoking</b> You previously smoked, but quit 10 years ago</p> <p><b>Alcohol/Drugs</b> Occasionally you have a beer despite being told to abstain for all alcohol. No illicit drugs</p> <p><b>Nutrition</b> You cook “healthy meals” for you and your husband and try your best to stick to a low salt diet. You are avoiding take out food specifically.</p> <p><b>Exercise</b> You have barely left the house since your recent hospitalization and have been limited to walking in the confines of your apartment.</p>
<p><b>Interview Tasks For Fellow</b></p>	<ul style="list-style-type: none"> <li>• Take a focused history to elicit whether the patient requires further in-person management</li> <li>• Recommend changes to medicine regimen if deemed applicable</li> <li>• Counsel patient regarding continued diet, weight, and medication compliance</li> </ul>

<b>Timing</b>	<b>Beginning</b>	<p>Start off the visit thanking the doctor for figuring out a way to see you, especially on such short notice. You’ve been “getting by” since your hospitalization, but it’s been difficult and you are starting to get worried you need to go back to the hospital. If the doctor asks you how you are doing at home, just give up the fact that your feet are getting puffy and you think your abdomen is getting bigger is well. You don’t know how to avoid another admission and that worries you. Sound anxious – your doctors told you swelling in your feet could be an “alarm symptom” and so now you are feeling alarmed. You do not feel “100%”</p> <p>Allow the doctor to ask you about your symptoms and respond to their questions as described below.</p>
	<b>Middle</b>	<p><b>If asked about the following specifics, please answer, otherwise do not volunteer...</b></p> <p><b>If asked to describe the swelling in your feet or abdomen more specifically:</b> You have had a small amount of swelling in the tops of your feet and ankles for several years. It is more pronounced now but you can walk and wear shoes. Your belly feels more distended and you fear that the fluid is building up again. You don’t have any pain in your belly, but it’s a little bit uncomfortable because of its growing size. You are urinating ‘about the same as before’ but it is hard to tell how much and you have not been measuring accurately at home.</p> <p><b>If asked about confusion or sleepiness:</b> You have not felt confused. You have been sleeping normally at night and have not felt drowsy or dosed off during the day. You have been taking an antibiotic called rifaxamin as well as a laxative called lactulose, both of which should mitigate most confusion in patients with your condition. You are having</p>

anywhere between two and three soft bowel movements daily while taking the laxative.

**If asked about your diet:** You have been compliant with a low salt diet, have not had any take-out food, and but have been eating sandwiches. You try to drink a lot of water as you know water is good for you. You were told to try as best you can to stick to low protein foods and are trying your best to avoid most animal and plant protein rich foods.

**If asked about more details of recent hospitalization:** You were in the hospital for one week and you were told your kidneys were injured but they seem to have gotten better. You don't understand why they sent you home on a lower dose of water pills and you do not have a clear picture of what the long term management of the fluid is.

**If asked about your home medications and weights:** Your weight has slowly increased by about three pounds since you were discharged. You don't have a good idea of your typical weight prior to the recent hospitalization. If asked what your "DRY WEIGHT" is, ask for clarification as you are not familiar with this term. You have taken all medications as prescribed including medicine that makes you urinate. You do not remember the name of this medicine or the dose but you have the pill bottles with you at home – ONLY OFFER TO SHOW THE PILL BOTTLES IF ASKED SPECIFICALLY.

Your medications are:

- Lasix 40mg by mouth daily
- Carvedilol 3.125mg bid
- Aldactone 50 mg daily
- Lactulose 30 mL bid
- Rifaximin 500 mg bid

You can read the names, doses, and frequencies off the pill bottles or hold them up to the camera only if asked specifically to do so.

**If asked to do any maneuvers: DO NOT OFFER TO PERFORM ANY MANEUVER OR DEMONSTRATE PHYSICAL EXAM FINDING UNLESS ASKED SPECIFICALLY.** If asked to lay flat on your back, do so without difficulty. If asked to show your legs and feet or to press on your legs or feet, do so willingly – you can simulate that your feet and ankles show ‘indentations’ in the skin after pressing on them. If asked to see your belly, please do so and express your discomfort with how swollen your belly feels. If asked to hold your hands up as if stopping traffic, do so willingly without making any flapping or shaking movements. If asked to show logs of your weights, do so willingly.

**Be willing to collaborate regarding a change to your management as follows:**

-If asked, offer that you are very willing to increase the dose or the frequency of your Lasix or aldactone as you feel you are continuing to retain fluid. If changes to Lasix dosing is discussed, **SPECIFICALLY ASK** how many more Lasix pills you should take and for how long. If there is no mention of changing your diuretic doses or agents, **SPECIFICALLY ASK** whether you think taking two Lasix pills instead of one a day is a good idea.

-If asked about changing your diet, specifically about reducing water intake and maintaining a low salt diet, agree willingly but re-emphasize the fact that you thought that a lot of water was good for you. If there has been no discussion of appropriate diet for you, **SPECIFICALLY ASK** what type of diet

you should be following and ask for examples of types of meals that would be appropriate.

-If asked to stop taking your carvedilol, you can agree to this change. **IF THERE HAS BEEN NO MENTION OF STOPPING THIS MEDICINE, SPECIFICALLY ASK IF STOPPING MIGHT BE A GOOD IDEA AS A DOCTOR FRIEND TOLD YOU THAT IT MIGHT BE GIVEN YOUR DEGREE OF SWELLING IN YOUR BELLY.**

-If asked to get blood or urine tests prior to changing any medication, agree to do so but **SPECIFICALLY ASK** why the doctor feels this is necessary. If there has been no mention of repeating the sampling of fluid in your belly, **SPECIFICALLY ASK** whether the doctor thinks that taking additional fluid out is a good idea at this time – wouldn't this be a faster way of removing the extra fluid?

**End**

If the doctor has not made a specific management plan or arranged for a specific followup visit by the 2 minute warning, ask the doctor specifically if you should go to the ER. **You are worried about staying home and getting worse. Ask what would prompt a call to the office or when it is necessary to have an in office visit. Is it ok to do tele visit next?**

Be willing to do what ever plan the doctor suggests but if they do not offer you a way to either come in earlier or call them again voice your anxiety and ask again if going to the ER might better serve you.

Sartori DJ, Hayes RW, Horlick M, Adams JG, Zabar SR. The telehealth OSCE: preparing trainees to use telemedicine as a tool for transitions of care. *J Grad Med Educ.* 2020;12(6):764–768.