**NOTE TO FACULTY: No Oral Presentation**

**15 min for interaction and 12 min for Feedback**

**Tufts 3rd Year Clinical Skills Interclerkship***Introduction to the Case for all the students*

*Case #* ***40***

You are going to meet the family of a patient you are taking care of in the ICU. The patient, James Warren is a 60 yo man who was previously in good health but was in a car accident 8 days ago. After multiple surgeries he is now in the ICU. You have followed him since admission and perform a daily exam that is unchanged over the 8 days. He has been in a coma this whole time and the prognosis is very poor. The neurology team states the prognosis is poor based on an EEG and MRI. They expect lifelong care needs including all ADLs (activities of daily living) and IADLs (instrumental activities of daily living) including feeding, toileting, and other basic needs. The patient is stable, but has been unable to wean from the ventilator despite multiple attempts. The team is concerned about the patient’s quality of life and whether or not he would want a tracheostomy and feeding tube placed (Trach & PEG). It is extremely unlikely that James will be able to communicate in the future. This option would likely mean the patient would live at a long-term care facility and have a life-long ventilator requirement with need for constant care. The team has not yet brought this issue up with the family. The alternative would be to withdraw life sustaining treatment and ensure patient comfort until death. In this scenario the ventilator would be removed and the patient would be given medications to ensure he was in no distress. A social worker has already met the family and will join your family meeting.

 **YOUR TASKS**
 **You will have 13 minutes with this family and social worker to:**

Huddle with the social worker for ≤ 1 minute about the case.

Build on the social worker’s focused history, eliciting each family member’s understanding about the patient’s illness and what they think he would want.

Discuss prognosis and medical decision-making (Trach and PEG vs. Withdrawal of Life-Sustaining Treatment) – explain options clearly to family members and address their concerns.

Collaborate with social worker to explain hospital versus long term care options and to address any conflicts that may arise.

**No physical exam required for this case.**

**CASE # 40/ ICU Family Discussion**

**SUMMARY OF CASE FOR STANDARDIZED PATIENT 1 (WIFE):**

You are Maggie Warren, a 60 year old woman whose husband was in good health until an unfortunate car accident 8 days ago. Since then, there have been multiple surgeries and your husband is now in the ICU on a ventilator. You are noticeably distraught, sleep deprived, and worn out. You have a basic understanding of the procedures that your partner has endured, but not more than that. **You are the patient’s health care proxy but there are no further advanced directives.**

You have been married for 39 years. Your 40th wedding anniversary is in 2 months. You had just bought a sports car for your husband as an early anniversary present, something he has been wanting for a long time. Because of this, deep down you feel personally responsible for the accident, although rationally you know it’s not your fault.

You have three children and 8 grandchildren, none of whom live in the local area, one in California, one in New York, and one in Ohio. You try to travel to see your children/grandchildren but it is expensive so it is usually only 1-2x a year. Your children rarely travel to visit you. Your child from California is coming in today.

Both you and your husband have discussed your “wishes” about end of life care, and you know that he **WOULD NOT** want prolonged treatment if he were unable to return to the same quality of life that he was accustomed to (be able to wash/dress/cook for themselves, able to drive, able to speak/communicate/critically think). In this case **HE WOULD NOT WANT A TRACH/PEG**. You are your husband’s health care proxy.

With that said, because of your underlying guilt, you are in a position to be swayed by your child. Deep down, by continuing with your husband’s stated wishes, you feel as if you would be killing him. You are very concerned with his quality of life going forward and continue to ask questions regarding his ability to live independently.

**Behavior, Affect, Mannerisms**: You are subdued. You are sleep deprived and worn out from the emotional roller-coaster over the past 8 days. You often look wistfully away at something no one else can see, with tears in your eyes. You know your husband’s wishes regarding end of life, but you begin to waffle due to pressure from your son. You and your husband have had a difficult relationship with your son from California for many years and he is angry with you for wanting to “pull the plug” on Dad. Around mid-way through the interview, you ask the student about financial implications for long term care versus staying in the hospital until removing the ventilator. When your son argues with you, you get moderately defensive, stating that your son “never once came to visit over the past 20 years and chose to have minimal contact with him.” Both you and son, then pause, stare at each other and wait for student and social worker to intervene.

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**CASE # 40/ ICU Family Discussion**

**SUMMARY OF CASE FOR STANDARDIZED PATIENT 2 (CHILD):**

You are Jamie Warren, a 33 year old man who is working as an audio technician at a music company in Los Angeles. Your father, who was previously healthy, was involved in a car accident and as a result, you have just flown into Boston from California. You are not clear about the status of your father except for the fact that he was in a major accident and is currently in the ICU.

You have never gotten along with your parents since childhood. Years ago, you had a few run-ins with the law and were arrested for vandalism and possession of narcotics which further strained your relationship. Even though you have mostly gotten your life back on track, your parents do not believe your job is respectable. As a result, you have not visited your parents since moving out to California 10 years ago and you only call home during the major holidays. On the plane ride, however, you are hopeful that this situation can offer new perspective on life and help smooth out the wrinkles in your relationship. There is also a sense of guilt that gnaws at you, knowing that you have not made an effort to be a part of your parents’ lives. The guilt and the drive to smooth out the wrinkles persuade you to pursue a trach and PEG since there is a chance he can recover no matter how dismal it seems.

**Behavior, Affect, Mannerisms**: You are loud and often intrusive during conversations. You try to be civil with your mom but at times, old feelings arise and you snap at her. You often speak over your mom whenever she brings up ideas about opting out of trach and PEG and guilt her passive-aggressively saying things such as “Didn’t you buy him the sports car?” and “Now you want to pull the plug?” and “Are you putting a dollar amount on his life?” When it gets contentious, both you and mom pause, staring angrily at each other. Wait for student and then social work to intervene.

After the social worker intervenes, you get re-engaged in the end of life conversation and state that there is some merit to following dad’s wishes, you apologize to your mother and state that you want time to think about it. Hopefully the medical student will suggest a time to meet in the future.

**CASE # 40/ ICU Family Discussion
SUMMARY OF CASE FOR SOCIAL WORKER**

You are the social worker for the family discussion. The patient, James Warren is a 60 year old man who was previously in good health but was in a car accident 8 days ago. After multiple surgeries he is now in the ICU, requiring a ventilator (breathing machine). The neurology team states the prognosis is poor based on an EEG and MRI. They expect lifelong care needs including all ADLs (activities of daily living) and IADLs (instrumental activities of daily living) including feeding, toileting, and other basic needs. The team is concerned about the patient’s quality of life and arranged to have a family discussion to decide on next steps. The two options for the patient are 1) Long-Term Care Facility (LTAC) or 2) Withdrawal of Life-Sustaining Treatment.

You have already met with the wife and the child. The spouse opts for withdrawal of life-sustaining treatment based on her belief that the patient would not want to live in an LTAC. The child prefers an LTAC based on a desire to preserve life. During the initial huddle with the medical student, you concisely share each person’s preference, reasons for their preferences, and how you can help with potential family conflict and financial implications related to the choice of hospitalization versus long term care placement for the patient.

**LTAC** – In terms of an LTAC – the patient would need to have minor surgery to place a more permanent feeding tube (PEG) and tracheostomy for long-term ventilator requirement. He would then be transferred to a facility that would provide constant care – potentially at high cost to the family. Health insurance typically does not pay for LTAC. Patients (ie family) are responsible for the costs of care until the total amount of patient’s estate is a given amount, making patient eligible for Medicaid (MassHealth in Massachusetts or Mainecare in Maine).

**Withdrawal of Life-Sustaining Treatment** –In this scenario, the ventilator would be removed from the patient (when the family desired) and he would be given medications to prevent pain and shortness of breath. It could also slow breathing. End of life might occur quickly, but would be comfortable and calm and the patient would die due to the consequences of the injury. Health insurance typically covers this as typical hospital care services.

**APPEARANCE. BEHAVIOR, AFFECT, MANNERISMS:** Wearing business casual attire. You enter the room, appearing comfortable and confident. You introduce yourself to the student and wait for student to engage with you. Concisely describe each of the family member’s feelings, perspectives and how you can help with possible conflict management and financial implications of hospitalization and long term care (1 minute or less). You ask if the student is ready to bring in the family. The family will be in the room, along with the faculty and several students. They will move closer to your conversation at that point. Following this, sit quietly but appear focused on the conversation. Address the family only when prompted by the student. When disagreement arises, allow the student to intervene first. You intervene by reflecting about the son’s/daughter’s hurt and pain, normalizing the tremendous shock and loss related to your ICU parent’s accident and condition. State that “it’s not unusual for this anger to get redirected at another person, often to the one who you are closest to. Your father would not want that.” Remind him/her of your previous conversation and that patient did not want to live dependent on mechanical devices as discussed in previous conversations with the other parent. Inquire about why his father would have made this choice. If prompted by the student – you can provide the above information on LTAC and Withdrawal of Life-Sustaining Treatment. If the medical student doesn’t state such by the end of the interview, you offer that “we know that this is a shock and we do not have to make a decision today. Suggest another time to meet. If done well, the son/daughter re-engages in constructive discussion of the issue, and apologizes to mom/doctor.

**CASE # 40/ICU Family Discussion**

Feedback Worksheet (Faculty and Student)

1. **History**:

Respectfully plans patient care with Social Worker during huddle yes no

Greets family members yes no

Elicits family members’ level of knowledge/understanding of situation yes no
Presents case and potential outcome scenarios to family yes no

2. **Management**:

Accepts family members have different opinions on management yes no

Offers options for ongoing care yes no
Invites opinion of Social Worker about financial implications of care yes no

Works with Social Worker to manage conflict yes no
Makes a plan for additional meeting with family members yes no

3**. Interprofessional Leadership:**

Is sensitive to the needs of the family and Social Worker yes no

 **Diagnosis: End of life clinical decisions/family meeting with social worker

Teaching Points**:

1. It is critical to have an understanding of everyone’s knowledge and beliefs prior to offering information and advice.

2. Recognize the difficulties in medical decision making for family members who may disagree on outcomes, but express empathy and concern for all family members and listen to their thoughts.
3. The roles and responsibilities of social worker in the ICU include expertise in family meetings and understanding and counseling families. This is particularly useful when faced with a challenging family or social dynamic.

4. Team huddles and ongoing discussions with a social work/case management team are essential interprofessional skills necessary for medical decision making and safety in the ICU setting.

Summary observations of student using the +/Δ form below.

 + Δ
 (Positives to be repeated/continued) (Things student should change)