Mini CEX Acute RRT

Breaking Bad News Simulation Format

6 Questions (6 Mandatory)

<table>
<thead>
<tr>
<th>NA</th>
<th>1*</th>
<th>2*</th>
<th>3</th>
<th>4</th>
<th>5*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sufficient time to discuss.</td>
<td>Critical Deficiency</td>
<td>Unsatisfactory for level of training</td>
<td>Satisfactory for level of training</td>
<td>Superior for level of training</td>
<td>Aspirational (Rarely seen)</td>
</tr>
</tbody>
</table>

* Comments must be included for ratings of 1, 2, or 5.

1. **Explanation of Need for RRT.**

**Critical deficiencies:** Confused, false, or omitted explanations of AKI and need for RRT. Does not accurately state prognosis of AKI with or without RRT specific to patient. Does not mention conservative treatment. Does not indicate modalities of RRT—and does not describe why modality to be used was chosen.

**Aspirational:** Clearly explains AKI, and cause, if known. Clear explanation of prognosis, and signs and symptoms of uremia. States that treatment can be conservative, or that RRT can be done. Indicates the types of RRT, and which is recommended in this case.

2. **Explanation of Types of RRT and Indications/Contraindications.**

**Critical deficiencies:** Does not explain RRT, or tries to omit or steer patient away from or toward RRT using biased information or misrepresentation.

**Aspirational:** Briefly describes RRT modality to be used, with indications and contraindications, and why this modality was chosen.

3. **Explanation of Risks and Benefits of RRT.**

**Critical deficiencies:** Does not describe risks or misrepresents them. Over- or under-estimates risk of death. Omits need for access, and complications, including difficulty in obtaining and maintaining access.

**Aspirational:** Reviews all risks specific to modality, including those related to access. Clearly, but not over-confidently, discusses risk of death and CKD/ESRD for the individual patient.
4. **Soliciting Questions.**

**Critical deficiencies**: Does not answer patient/surrogate questions. Does not ask if there are questions, or answers in a disrespectful or dismissive way.

**Aspirational**: Answers questions, and solicits them. Answers plainly, sympathetically, and without jargon.

5. **If Patient/Surrogate Does not Desire Any Type of RRT.**

**Critical deficiencies**: Does not inquire why and/or expresses shock or disapproval. Does not offer a trial of dialysis or indicate that the patient can change their mind. Does not inquire about DNR status, and does not offer a conservative plan, including hospice and future discussion with family.

**Aspirational**: Specifically asks why, if indicated. Is supportive and respectful, suggests that trial of dialysis may be undertaken, if indicated. Addresses DNR status, offers conservative plan (including hospice if indicated). Offers future discussion with family and other nephrologists.

6. **Comments.** *(Comments must be entered for 1, 2, and 5 ratings.)*