



Mini CEX Chronic RRT

Breaking Bad News Simulation Format

7 Questions (7 Mandatory)

NA	1*	2*	3	4	5*
Not sufficient time to discuss.	Critical Deficiency	Unsatisfactory for level of training	Satisfactory for level of training	Superior for level of training	Aspirational (Rarely seen)

* 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 ESRD and need for Chronic RRT. Does not accurately state prognosis of ESRD with or without RRT. Does not mention conservative treatment. Does not indicate there are 3 types of RRT—HD, PD, Transplant.

Aspirational: Clearly explains ESRD, 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 there are 3 types of RRT.

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

Critical deficiencies: Does not explain all types of RRT, or tries to omit or steer patient away from or toward a modality using biased information or misrepresentation.

Aspirational: Briefly describes HD, PD, and transplant with indications and contraindications. Ensures that patient knows about living donor and deceased donor transplant, as well as pre-emptive transplant. Ensures that patient understands that transplant cannot be undertaken without being willing to accept dialysis.

3. Explanation of Risks and Benefits of RRT.

Critical deficiencies: Does not describe risks or misrepresents them.

Aspirational: Reviews all risks specific to each modality.

4. Soliciting Questions.

Critical deficiencies: Does not answer patient questions. Does not ask if the patient has questions, or answers in a disrespectful or dismissive way.

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

5. If Patient 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. Is supportive and respectful, suggests that trial of dialysis may be undertaken. Addresses DNR status, offers conservative plan (including hospice). Offers future discussion with family and other nephrologists, with clear option for patient to change mind in future

6. Referral for More Information

Critical deficiencies: Does not refer patient for pre-RRT assessment, education, and counseling. Includes transplant and social work/hospice referral as appropriate.

Aspirational: Refers for HD, PD, and Transplant education and counseling. Refers for access placement. Refers to SWS. Provides with suggestions for education.

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