**Simulated Patient Case**

**Walter Jackson – Preventative Care**

Adapted from Medical College of Wisconsin Medical Interviewing

Office of Educational Services / SP Program.Case modified for Australian allied health audience by Kirrian Steer, Simulation Technician, LaTrobe University.

# Facilitator Case Reference Guide

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| Presenting Complaint:  (with setting/vitals) | Well Visit |
| Gender and Age Range: | Male, Age 60 |
| Name: | Walter Jackson |
| Opening Statement: | “I am just here for a check up” |
| Brief Summary: | Patient has no main complaint. He is here at the insistence of his wife, as he has not been to the doctor for years. He is a smoker (2pk/day for 40 yrs). He is a machinist who does not exercise much and has a poor diet. He reports no health complaints and is not sure if he is ready to quit smoking. His family history includes colon and rectal cancer. |
| Case Objectives: | 1. Participants will demonstrate skill in obtaining a family history relevant to this group. 2. Participants will demonstrate the assessment of smoking status and motivation to quit. 3. Participants will demonstrate skill in negotiating a plan for behavior change. 4. Participants will attune to patient’s increased cancer risk. |
| Key Challenge(s) of Case: | Assessing and influencing motivation to quit smoking using stages of change model.  Assessment of patient’s familial cancer risk.  Negotiate with patient to have further check-up/testing with GP |
| Exam Room Needs: | General Clinic Exam Room |
| Follow-up Station Needs: | None |
| Activities & Time Req: | Small Group Teaching Format – 15 minutes min. for encounter |
| Data Collection Methods: | Facilitator will provide verbal feedback on performance  Simulated Patient will give feedback on communication skills  Facilitator will fill out written review of each Participant’s performance  Participants will turn in written history to facilitator |
| Course, Participant Level: | Undergraduate or professional |
| Reading/Preparation: | QUIT Victoria online learning module <http://www.quit.org.au/resource-centre/training/training-for-health-professionals/online-learning>  Attached: Phase Model of Behavior Change. |
| Case Authors: | Joan Bedinghaus, MD , Tisha Palmer, SP Coordinator |
| Date (orig. / last revision) | November 20, 2001 / August 30, 2004, Adapted 20 April 2013 |

Facilitator’s Checklist of Content and Communication Skills

Participant Name:

Facilitator:

I. Content Checklist- Check if the Participant asked or did the following:

\_\_\_\_\_ Asked about triggers in addiction behavior

\_\_\_\_\_ Inquired about smoking-related illness

\_\_\_\_\_ Assessed the patient’s motivation to quit

\_\_\_\_\_ Advised and encouraged quitting

\_\_\_\_\_ Obtained 3-generation family history

\_\_\_\_\_ Noted cancer risks, suggested some further evaluation

II. Communication Skills Checklist- Check if the Participant:

\_\_\_\_\_ Introduced self and explained role

\_\_\_\_\_ Started with open-ended questions

\_\_\_\_\_ Gave patient time to answer fully

\_\_\_\_\_ Facilitated patient’s commitment to behavior change

\_\_\_\_\_ Incorporated patient factors into cessation plan

**Additional Comments/Suggestions for Improvement:**

Simulated Patient (SP) Case Instructions

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| **Patient Name** | Walter (Wendy) Jackson |
| **Gender/Race/Age (age range)** | Male, Age 60 |
| **Presenting Situation** | Mr. Jackson, presents to the clinic today for a check-up. |
| **Opening Statement** | “I am just here for a check- up” |
| **Elaboration of Complaint - Concerns** | You have no specific complaints. You are here at the insistence of your wife who has “been on your case about not having gone to the doctor for a check up for years”. You compromised by agreeing to see an allied health professional. You smoke (2pk/day for 40 yrs) |
| Clinical Content\* | Present condition:   * Cough, sputum production worse in the a.m. Phlegm is gold tone. Mild shortness of breath with exertion (climbing 2 flights of stairs). * Poor diet – high sodium, high fat. * No regular exercise.   Pertinent Past Medical History:   * Last winter was diagnosed with pneumonia and were laid up at home for two weeks and felt lousy for a month after that. ***If the Participant addresses this you should share that it was really scary, you were unable to catch your breath most of the time, and yet felt unable to quit smoking.*** * Haven’t been to a doctor for 15 years except visit to urgent care during illness last winter. * Never had any screening for colon cancer (no stool sample, flex-sig or colonoscopy)   Family Medical History:   * Mother died 2 yrs ago at age 80 of “old age” * Father died when you were in high school of rectal cancer at age 42 * Your father had two sisters (your aunts) and one of them you know died at 45 of some form of “female cancer” * You have one brother and he was diagnosed with colon cancer when he was 50 (5 yrs ago). He had surgery and is doing ok***. If the Participant addresses your family history you should share that “It is kind of scary that your brother is younger than you and dealing with cancer especially after what happened to your father.”*** |
| **Physical Exam** | No physical exam will be performed. |
| **Psychosocial Profile** | You are married and live in the West Albury area. Your wife is a real estate agent. She also smokes though much less than you do (approx. 1 pack/day) You have a daughter (32) who lives in Baranduda and also smokes.  You are a machinist at DSI.  Still enjoying an active social life, you play cards with “the guys” on Friday nights. Quitting smoking would be particularly difficult to you in that:   * All of your friends and family smoke * You are very addicted ( You have a cigarette within 20 mins of waking, You get antsy if you are in a restaurant/movie theater and you can’t smoke, & **You still smoke when you are ill**) * You have been smoking for longer than you have NOT been smoking. You started smoking when you were young and in the army.   You have tried to quit a couple times. When your daughter was born you gave it a try, but were only able to make it a couple days. You also tried to quit when cigarettes went up to $10.00/pkt a couple of years ago, but you didn’t make even one day. |
| **Scenario Development** | You should be sitting comfortably in a chair when the Participant(s) starts the scenario. In general, let the Participant(s) set the pace and scope of the interview. **You should be cooperative in answering the Participant’s questions and receptive to their ideas while still maintaining a sense of realistic hesitancy about quitting**. If the scenario/ communication should come to a stall (more than a necessary). You can use one of the following questions/statements to “jump start” the conversation:   * After 40 years, it is probably too late to quit smoking now right? I mean would it really make a difference? * Is my family just “Cancer Prone”? |

Participant Reference Guide

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| Instructions: | Please review the following materials in preparation for Interview Session, – |
| Reading Assignment: | 1) QUIT Victoria online learning module <http://www.quit.org.au/resource-centre/training/training-for-health-professionals/online-learning>  2) “Phase Model of Behavior Change” (attached)  3) Review genetics of colorectal cancer and familial colorectal cancer syndromes at [www.cancer.gov/cancerinfo/pdq/genetics/colorectal](http://www.cancer.gov/cancerinfo/pdq/genetics/colorectal). |
| Patient Information: | Walter Jackson, 60 year old male |
| Brief Summary: | Mr. Jackson has no main complaint, he is here today for “a check-up”. He is a smoker. |
| Your Case Objectives: | 1. Demonstrate skill in obtaining a family history relevant to this age group. 2. Demonstrate the assessment of smoking status and motivation to quit. 3. Negotiate a plan for behavior change that is appropriate for this patient. 4. Assess this patient’s cancer risk. |
| Key Challenge(s) of Case: | Introduce self, establish rapport, open and closed questions, active listening, closing. Maintaining rapport while assessing and influencing motivation to quit smoking. Obtaining a complete family history and discussing cancer risk. |
| Activities & Time Req: | Small Group Teaching Format – 10-15 minutes for encounter |
| Data Collection Methods: | Facilitator will provide verbal feedback on performance  Simulated Patient will give feedback on communication skill  Facilitator will fill out written review of each Participant performance  Participants will submit written note to facilitator |

# Phase Model of Behavior Change

It can be useful to think about behavior changes like quitting smoking or losing weight as processes that move through several phases:

Pre-contemplation: the person has not thought about changing their behavior

Contemplation: considering change

Preparation: makes a decision, plans strategies to overcome barriers and promote change.

Action: Carries out the plan and changes behavior

Maintenance: settles into new routines, avoids triggers for relapse

# Pre-contemplation

**Contemplation**  **Preparation Action**

**Relapse** **Maintenance**

A person may move forward or back among the phases. The technique of “motivational interviewing” consists of noticing which phase your patient is in, and if possible helping him/her move closer to the Action phase.

# Table 1. THE PHYSICIAN’S TASKS IN RELATION TO THE PATIENT’S PHASE OF BEHAVIORAL CHANGE

## Patient’s Phase Examples of Physician’s Tasks

Precontemplation Raise concerns about the patient’s health. Help patients understand how smoking is affecting their health.

Contemplation Explore the risks and benefits of smoking versus not smoking or reduced smoking. Provide feedback about the disadvantages of smoking in a way that enhances the patient’s perception or the risks. Acknowledge the benefits of smoking and suggest alternative ways of achieving the same benefits. Try to tip the balance toward modifying smoking habits.

Preparation Affirm and enhance patient’s determination to modify smoking habits for the sake of his or her health. Acknowledge that the patient may still feel ambivalent about change. Negotiate a short-term goal (e.g., reading pamphlets about quitting) and a timetable for a long-term goal (abstinence).

Action Identify barriers to modification of smoking habits. Negotiate with the patient about what steps must be taken to deal with these barriers and to initiate a change.

Maintenance Identify at-risk situations for relapse, and develop strategies to prevent relapse.

Relapse Praise the patient for having gone through these phases. Normalize relapse as a learning experience leading toward eventual success, and encourage the patient to go through these phases again.

Adapted from: Botelho R, Novak S: Dealing with Substance Misuse, Abuse, and Dependency. Primary Care 20:1 51-69, 1995.

Participant Assignment Form

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| **Interviewer:** | You are charged with conducting an interview oriented to health screening and prevention. This includes obtaining a complete medical history as well as negotiating a smoking cessation plan.  Signal the beginning of your interview by introducing yourself and explaining your role. As instructed, you may call a “Time Out” at any point in the interview to get suggestions from your classmates/facilitator if needed.  You will have 10 –15 minutes TOTAL time to complete the interview. The facilitator will let you know when time is up. |
| **Observers:** | You will be responsible for attuning to the following aspect of the interview and the interviewer’s performance:   1. Did the interviewer ask appropriate open ended / closed ended questions and give the patient ample time to respond? 2. Describe how the interviewer used the “Five A’s” and/or the “Five R’s”. 3. Describe the patient’s phase of behavior change and the strategies the interviewers used in counseling. 4. Did the interviewer obtain an accurate and complete family history?   Keep in mind that you will be asked to share your impressions, comments on these criteria following the interview |
| Written Assignment (All 6 Participants) | Each of you will be responsible for creating a written medical history for Mr. Jackson which should include:   * Identifying data * Smoking history * Other active problems, health maintenance issues. * Past medical history * Family history using genogram * Patient Profile (social history) * Review of systems: record significant positives and negatives (if obtained during interview) * Assessment: Readiness to quit, cancer risk.   **The medical history in its entirety should be about one page and should be turned into your facilitator no later than 1 week from your interview date. It should include a genogram.**  **This should be submitted via inter-office mail or e-mail.** |

**Simulated Patient feedback**

How well would you rate the practitioner?

**Telling you everything, being truthful, upfront and frank; not keeping things from you that you should know?**

Poor 1 2 3 4 5 Excellent

**Greeting you warmly; calling you by your preferred name, being friendly, never crabby or rude?**

Poor 1 2 3 4 5 Excellent

**Treating you like you’re on the same level; never “talking down” to you or treating you like a child?**

Poor 1 2 3 4 5 Excellent

**Letting you tell your story, listening carefully, asking thoughtful questions, not interrupting you while you’re talking?**

Poor 1 2 3 4 5 Excellent

**Showing interest in you as a person; not acting bored or ignoring what you have to say?**

Poor 1 2 3 4 5 Excellent

**Discussing choices with you; asking your opinion; offering choices and letting you help decide what to do/ asking what you think before telling you what to do?**

Poor 1 2 3 4 5 Excellent

**Encouraging you to ask questions; answering them clearly; never avoiding your questions or lecturing you?**

Poor 1 2 3 4 5 Excellent

**Explaining what you need to know about your problems, how and why they occurred, and what to expect next?**

Poor 1 2 3 4 5 Excellent

**Using words that you can understand when explaining your problems and treatment; explaining any technical medical terms in plain language?**

Poor 1 2 3 4 5 Excellent

This resource was developed as part of the Simulated Learning Environments Program (2011-13)*: Clinical Simulation Learning Centres (CSLC): Enhancing Simulated Learning Environment (SLE) services in the Hume region*

