

STANDARDIZED PATIENT INSTRUCTIONS

The Scenario

Your name is Robert Smith and you are a 50-year-old male with a history of lung cancer who has just spent two hours in the Emergency room. You are currently living in a shelter near Bellevue and trying to live one day at a time. You have no close family members or friends and spend time reading anything you get your hands on. You were a smoker for 30 years and a heavy drinker. You had been making ends meet by doing odd jobs until you got lung cancer.

You were diagnosed with Stage 3a lung cancer 6 months ago. Your oncologist's name is Dr. Baldwin. You are followed in the Bellevue Oncology Clinic and have completed a course of radiation to the lung masses. You are now getting chemotherapy as an outpatient, though have missed some appointments and some chemotherapy sessions. Your initial work up was negative for distant spread of the lung cancer to other parts of the body, but you have not had repeat scans in five months due to some missed treatments.

The oncology staff is very nice and trying hard, but they don't have cancer and don't really understand what you are going through and how hard it is to make it to clinic appointments when you are worried about keeping your place at the shelter and collecting disability. You are a loner, and like to spend time reading; the busy emergency room and clinic waiting areas are overwhelming.

You have low back pain that started two weeks ago and has been getting steadily worse. You have taken some leftover Tylenol with codeine that your doctor had given you a while back when you were having some pain in your chest during radiation (you have taken 2 tablets 3-4 times these last few days). Lately, even that doesn't alleviate the pain. You are worried that the medications might be stolen at the shelter- they are the only thing you have that helps at all. The pain is now on a scale of 8 out of 10 (where 10 is the worst.) It is worse when you are lying down and worse when you cough. You feel like both of your legs have been getting weaker over the past 2 weeks. You have noticed occasional shooting pain sensations in your legs this past week- like electric shocks running down the outsides of each leg. Sometimes you feel tingling and numbness in both legs. You do not have fecal (bowel) or urinary (bladder) incontinence or inability to void.

Today, an ambulance brought you to the ER after you had a witnessed fall on the street. You were walking down First Avenue back to the shelter and you suddenly felt your legs give out. You had no warning – no lightheadedness, headache, chest pain, shortness of breath, irregular heartbeat. You had no pain in your legs. You were not intoxicated. You haven't had any other falls. You pride yourself on being very healthy besides the lung cancer and usually avoid going to hospitals or to doctors.

	<p>After falling, it was difficult for you to get up and a lot of people gathered around you on the street. Although you said it was not necessary, someone called EMS. You did not lose consciousness in the street and only bruised your hands as you tried to stop the fall. You did not hit your head. You knew where you were, your name, and the name of your doctor. You are not confused.</p> <p>You are not sure why everyone is making such a big deal about this. You are not interested in other people and prefer to be left alone with your books. In fact, strangers make you uncomfortable and you don't like to be around many people. You hate being in a hospital.</p> <p>They ordered a Cat Scan (CT) of your head. You waited for a long time before the doctor saw you. You are worried you might lose your spot in the shelter because this is taking a long time. You worked hard for the privilege of a private room at the shelter and do not want to risk losing it.</p> <p>The CT scan of the head was normal: it did not show any evidence of bleeding, stroke, swelling, or masses.</p> <p>You were informed that the doctor wants to do another test (MRI or CT scan of your spine) to see if the lung cancer has spread to your back, damaging the nerves to your legs and causing you to fall. The doctor who wants the test is concerned that if there is a growth in your spine (metastatic lesion) that caused the fall, then you are at risk for another fall with the potential to cause serious injuries like head trauma. Moreover, there is a substantial risk that you could develop permanent paralysis if you do not get treatment quickly. They are urging you to stay for further evaluation.</p> <p>You have declined to stay for further testing (CT Scan or MRI) after talking to the first doctor; you want to leave right now. You DO understand why they want you to stay for these tests but you have your own ideas about your care that are consistent with your belief systems, values and way of life. Most importantly, you do not want to lose your home. You are NOT refusing to EVER have these tests, but for now you want to leave the emergency room to go back to the shelter. You understand that you have cancer and there is a possibility that it spread. You feel much less urgency than the doctors do and you know you can always go and see your oncologist. You have developed strong religious beliefs, which you usually keep to yourself, but share:</p> <div data-bbox="435 1518 1484 1587" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">I will be fine, G-d will protect me until my next appointment.</p> </div> <p>You have no other health problems and have avoided doctors (and people) as much as possible in the past.</p>
<p>Weight History</p>	<p>You were born in Ohio and moved to New York 30 years ago. You have not had contact with your family in over 20 years. You made it through high school and then started taking odd jobs. You spend most of your time reading when you are not working for food or shelter. You are a loner. You have no real friends, but you are content and prefer it this way. You have had a few short relationships with people but currently have no close friends or family with whom you are in regular contact.</p>

Personality Communication Style	Initially frustrated because you want to go home, exhibiting concrete thinking that focuses on your immediate needs. Poor eye contact, distant and a little odd in your interpersonal interactions, but you are polite and NOT belligerent.
Current Life Situation	<p>You are currently doing odd jobs - collecting cans, walking dogs, handing out flyers on the street, or delivering groceries to earn money for food. You have been in the shelter for one year. You have your own room and don't mind the place. Most of the time you are at home reading- newspapers, books, and magazines.</p> <p>For the most part, you are content. You have become more religious over the years. You sometimes go to a local church to sit in a quiet space and you eat at their food pantry/soup kitchen.</p> <p>You know the medical establishment is here to help you. You can't always make it to all the appointments, but know that if you go they will help. You do not have a health care proxy. You have no one to name as a health care proxy.</p>

Past History	<p>No history of significant illness No TB, diabetes, or hypertension. Denies history of psychiatric hospitalization, depression or anxiety.</p>
Life Style History	Smoking: One pack per day for 30 years.
	Alcohol: Used to binge drink up to 10 beers in a day, 3 times a week. You stopped about 10 years ago when you blacked out and ended up in jail. That led to alcohol rehab and you have not touched anything since.
	Drugs: Occasionally smokes pot if you have money or someone gives you some. No cocaine, no intravenous drugs ever.
Capacity Questions	<p>Can you explain to me what you understand about your current test results?</p> <p>I understand that the CT scan of the brain did not show any cancer.</p> <p>Why do they want you to have further test of your spine (MRI or CT scan)?</p> <p>The doctors are worried that the cancer has spread to my spine. The doctors want to get an MRI.</p> <p>I am not as worried as they are, I know G-d will watch over me. I will be ok. I will talk to Dr. Baldwin (oncologist) about it in 2 weeks at my appointment.</p>

Why do doctors want you to have the test and why do you NOT want to wait and have the test now? Do you have concerns about the test?

I never said I wouldn't do the test. I just can't do it now.

I know the doctors want me to do it now. But I have to get back to the shelter by a certain time or I lose my bed.
I've already waited here too long.

You understand the test is to look for cancer (tumor, mass) spread to the spine. You understand that if the cancer has spread to the spine, this needs to be treated quickly. The treatment would involve radiation to the spine as well as medication and possibly spine surgery.

The doctors are concerned that if we do not do it now, I could be paralyzed. However, I am not concerned about postponing the spine tests.

I'm a little claustrophobic, isn't that the test in a narrow tube and it's loud? If I needed another test, why didn't they do it at the same time as the CT of my head?

They should have done the spine at the same time as the head scan if it was so important. I'm not saying I won't do it, I just can't do it NOW. I have to get back to the shelter by a certain time or I lose my bed. I've already waited here so long. I'm sure I will be fine a little while longer.

Do you understand the risks of not having the test and work up now? Do you know the reasons the doctors want you to stay for these tests or what they are worried about?

I fully understand the risks of not staying for the test. I understand that if the cancer is in my spine and I don't get treatment, then I could be paralyzed and not able to walk. But, I'm just not as concerned as the doctors are - I have faith that G-d will protect me.

Can we work to make a plan that will be safe for you if you leave now?

Accept plans that include student offering to:

- Offers to call your oncologist
- Review reasons to return to Emergency room
- Make appointment for MRI tomorrow morning
- Talk to the doctor to see whether there are any medications to send you home with

	<p>Decline:</p> <ul style="list-style-type: none"> • More pain medicine • Offer to call case worker or someone at the shelter to explain the situation and get them to hold your room • Offer to call family, friend, clergyman
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<p>Timing/Approach to Interview</p>	<p>Beginning:</p> <p>You are reading a book when the doctor comes in. You are anxious and ready to go home. You have been there for at least two hours and you are worried that you will lose your room in the shelter if you do not get back there by 4 pm. When the student asks you how are you doing, make little eye contact at the beginning and say you are ready to leave. The shelter has very strict rules. Do not divulge that you are worried about the shelter unless asked.</p> <p>If asked whether you know why you are here or if you understand what is going on, say that you were brought here by ambulance because you fell while walking down First Avenue.</p> <p>If asked about your legs: they just gave out.</p> <p>Over the last 2 weeks you noticed that both legs have felt heavier or tired, maybe they have been getting weaker.</p> <p>You also have worsening back pain over the past 2 weeks:</p> <ul style="list-style-type: none"> • back pain no longer relieved by the pain meds, • worse with cough and when lying down, • shooting pains in legs for past week <div style="background-color: #e6e6fa; padding: 5px; border: 1px solid #ccc; margin: 10px 0;"> <p>Look, I am really fine and ready to go. Can you just discharge me now? I need to get back to my room or I will lose it.</p> </div> <p>If asked whether you understand why you need stay for the spine MRI,</p> <div style="background-color: #e6e6fa; padding: 5px; border: 1px solid #ccc; margin: 10px 0;"> <p>I understand that the cancer could have spread to my back. But even if it did, I can just come back later to see my oncologist and deal with it.</p> </div> <p>Today you need to get back to the shelter by 4 pm. You plan to talk to your oncologist at the next appointment. You think you have one in two weeks.</p> <p>Make sure to tell every student early on.</p> <div style="background-color: #e6e6fa; padding: 5px; border: 1px solid #ccc; margin: 10px 0;"> <p>I will be fine, my faith will protect me until my next appointment.</p> </div> <p>Middle:</p> <p>Answer each capacity question to indicate that your thought process is clear. You are rational but do not agree with the plan. Your behavior throughout is a little odd - you go back to look at your book when speaking and you have poor eye contact. Refer to your religious faith as part of your explanations. You are odd, but NOT confused.</p>
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End:

If the doctor insists you stay, be irritated (not belligerent.) Say you have the right to leave if you want and insist you will sign out against medical advice.

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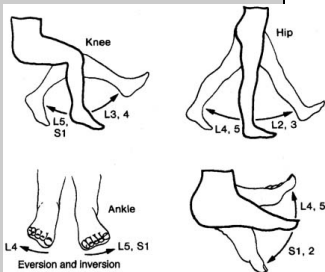
Decline:

- More pain medicine
- Offer to call case worker or someone at the shelter to explain the situation and get them to hold your room
- Offer to call family, friend, clergyman

Physical Exam

MUST Clean Hands (right before touching you)

Tested **Motor Strength** in **Lower Body** (hips, knees, and ankles) flexing and extending for each joint



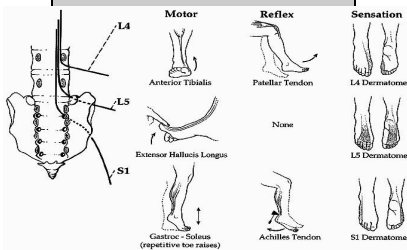
- Had you flex AND extend each joint (might not test hips)
- May do confrontational (push against student’s hand) or functional testing (bend at hips)
- **YOUR LEGS ARE BOTH WEAK** but not paralyzed
- Raise them when asked, but you have a hard time resisting confrontational power on motor testing

Tested **Sensation** in **Lower Body**

- Light touch, vibration, sharp – all sensation is **NORMAL**

Tested **Reflexes** in **Lower Body** (knee, foot with foot flexed)

- Tested patellar reflex by knocking your **tendon**, *not* bone;
- Patellar and Achilles reflexes are brisk/increased. (**Exaggerate the reflex responses**)
- Stroked the bottom of the foot from heel to toe with hard object (**Babinski**) – behave normally



Gait

- Walk– **WEAK, slow, slightly unsteady – slightly ‘CLOPPY’ foot – heel first, toe slams down**
- Walk on your toes, CANNOT DO so you give up after initial try
- Walk on your heels CANNOT DO, hard for you so you give up
- You have **difficulty rising from the exam table** without using arms to push yourself off the table (not enough leg strength to push out of position)

Back:

- Press/palpate down the length of your spine
- **Tenderness and pain** toward the lower back