## 

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| I. OVERVIEW | Chad Wright |
| A. Objective | Portray a patient with a history of recently diagnosed atrial fibrillation who is contemplating whether or not to start warfarin therapy versus aspirin therapy alone for stroke risk reduction. The patient has a Chads2 score of 1, which puts him at a slightly increased risk of having a stroke.  The goal of this case is to evaluate the clinician’s skills in discussing the risks and benefits of aspirin therapy alone versus warfarin therapy in a patient with a moderately low risk of stroke. You will be asked to provide feedback to the clinician on this interview. You will be contemplating the slightly increased risk of stroke on aspirin therapy alone versus the decreased risk of stroke (but increased risk of bleeding) on anticoagulation therapy. If the clinician does a good job during the interview, you will be confident in making a decision regarding appropriate anticoagulation which suits your lifestyle and comfort with risk. If the clinician is hurried, uninterested, judgmental or impatient, you will be more confused and fearful about living with atrial fibrillation. |
| B. Presenting Problem | You are a 50 year-old man who is being seen by your primary care clinician because you have been discovered to have atrial fibrillation on a recent EKG which was done as part of a workup for palpitations. |
| C. Patient Description | Gender: Male  Age: 50  Orientation: Homosexual  Marital: Married  Children: Two grown sons and one grown daughter  Education: Finished high school  Employment: Works as a produce manager at a local food market  Address: Duvall, WA  Economic status: Middle class  BMI: 30 |
| D. Suggested Statements | *Once you have established the visit and are in character:*  “I've heard of atrial fibrillation. My father had it and he died of a stroke. What is the benefit of going on blood thinners versus just taking an aspirin every day? How often will I have to take blood tests if I go on warfarin? What about the newer medications I’ve seen advertised on TV? What are my risks of having a stroke? |

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| E. Closing Statement | “Thanks for your time; you’ve given me a lot to think about.” I would like to …(decision based on how the case goes) | |
| **II. HEALTH SYMPTOMS** |  | |
| **A. PHYSICAL AND PSYCHOLOGICAL SYMPTOMS** |  | |
| 1. General Symptoms | The patient has been sedentary most of his life except for walking at work, but recently has felt fluttering in his chest at different times during the day. He presents to ask his primary care provider what is causing his palpitations. | |
| 2. Past History | No history of cancer, positive family history of heart disease and stroke in his father and diabetes in his mother | |
| 2 Cause of symptoms | Atrial fibrillation | |
| 3. Relief from Symptoms | Nothing | |
| 4. Physical Exam | Mildly obese, lungs clear, irregular heart rate 80 beats per minute | |
| **B. GENERAL MEDICAL HISTORY** |  | |
| 1. Overall Health | Otherwise well | |
| 2. Immunizations | * Usual immunizations and booster shots * Tetanus shot, pneumovax, shingles vaccine | |
| 3. Health Habits | Alcohol –1-2 glasses of wine with dinner 3-4 times a week.  Tobacco: none for 35 years, formerly 1 PPD x 5 years  Caffeine – Drinks coffee 1-2 cups in morning.  Illicit Drugs – none  Exercise – walks a lot at work, but no regimented exercise routine  Vitamins – daily multi-vitamin | |
| 4. Allergies | None | |
| 5. Minor Ailments | Hypertension. | |
| 6. Current Medications | Lisinopril 5 mg daily  Ibuprofen OTC 400 mg twice daily | |
| 7. Past Medical History | History of degenerative joint disease in knees. | |
| **C. FAMILY MEDICAL  HISTORY** |  | |
| 1. Mother | Alive– lives in assisted living | |
| 2. Father | Deceased– stroke at age 64 | |
| 3. Sister | Two alive and well, one with diabetes | |
| 4. Brother | One alive with HTN | |
| 5. Grandparents | All deceased. No cancers, one with stroke | |
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| D. MENTAL HEALTH HISTORY |  | |
| 1. Depression | Denies | |
| 2. Suicide | No thoughts of suicide | |
| 3. Anxiety/PTSD Symptoms | Concern about stroke risk, otherwise none | |
| 4. Mental Health Treatment or hospitalizations | None | |
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| **III. PHYSICAL EXAM** |  | |  |
| A. General Instructions | Already completed and showed an irregular heart rate; EKG showed atrial fibrillation | |  |

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| **IV. PATIENT BIOGRAPHY** |  |
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| 1. Basic Description | **Chad Wright** |
|  | Patient is a 50 yo man who has been in otherwise good health until having symptoms of palpitations. |
| 2. Living Arrangements | Lives with his husband in rural community. |
| 3. Social/interpersonal relationships | Has good friends, enjoys watching sports, fishing. |
| 4. Education and employment history | High school, works as a produce manager in a grocery store. |
| 5. Activities/Hobbies | Watching sports, fishing. Formerly enjoyed rugby. |
| 6. Healthcare | Gets his healthcare at the VA. |
| 7. Past Adult Social History | Married, three grown children |
| 8. Military History | Service: Navy, enlisted 1991. Honorable discharge in 1993. Served in Persian Gulf |
| 9. Self Presentation to Doctor | Alert and thoughtful, open to physician’s recommendations but actively engaged in medical decision making. |
| a). Appearance | Well groomed in casual jeans and shirt. |

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| SPECIAL INSTRUCTIONS | * Know all the case details * Be ready and able to tell the story of the patient according to the story line * Do not withhold information that has been elicited by the clinician * Be able to ad-lib appropriately if necessary * Be able to stay in character throughout the encounter * Respond to the provider’s provision of information/clinical data |