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| Standardized Patient (and Caregiver) Training Document | ATOSCE Case |

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# Background

This is a multi-station team OSCE designed to assess students’ ability to provide quality asynchronous post-stroke ambulatory care across professions. The stations will consist of:

* Primary Care Practitioner’s exam room (PA, DO, or Nursing)
* Optometry exam room
* Dental exam room
* Podiatry exam room
* Coumadin clinic
* **or** patient’s home living room (PT)

The Standardized Patients (SPs) will move from station to station.

Each station will consist of 25 minutes with the following breakdown:

* 12 minute encounter (including a 2 minute warning)
* 8 minute planning/follow up period
* 4 minute SP to student feedback
* 1 minute transition time for SPs to move to next station

# Standardized Patient

## Mariam Kowalski, Age 73

You are easily confused, fearful of your son, and frequently look to him for approval before you speak. You don’t answer the student’s questions too quickly. You are dressed in street clothes a house coat with short sleeves to expose the bruising on your arms. The house coat should be no longer than the mid-calf, making the flip-flops readily visible. Your son, Joe, is with you.

## Background Information

You are a 73 year-old female, widowed seven years ago. Seven days ago you suffered a stroke and were hospitalized until your release three to four days ago. You were found on your front lawn by your neighbor. Your stroke symptoms (left-sided weakness, slurred speech, left facial droop, confusion, and disorientation) have all resolved, but you are unable to do anything for yourself, and now must use a walker.

Ever since the stroke, your side vision is poor and you are having problems bumping into things and tripping. You recount almost falling when coming here today because you didn’t see the curb. In addition, ever since the stroke you have been having difficulty walking due to weakness in your left foot (you noticed this immediately upon getting out of bed the first time after the stroke). Although you do not experience any pain (unless you fall), you cannot feel much in your left foot and you have trouble lifting it up. It feels numb and lifeless up to your ankle. It gets worse when you try to walk. The only thing that makes it better is to stay off of it. Your son encourages you to stay in bed or in a chair and to not walk anymore.

You wear upper dentures and have been having tooth pain on a lower right molar for the past two weeks. You tried using some Anbesol when the pain first started, but after a couple of days it no longer helped with the discomfort. The pain was a dull ache, but now is a throbbing pain, and if asked, you would rate it an 8/10. Nothing makes the pain better or worse. Since your release from the hospital, your gums (both top and bottom) have been bleeding. Because of your mouth pain, eating is painful and difficult.

Your 48 year-old divorced son, Joe, has to do everything for you, including toileting, bathing, feeding, medicating, etc, and he feels very burdened by this. Since the death of your husband, George, all of your care has fallen to Joe. He has missed a lot of work and is angry and fearful of losing his job because “he’s stuck with you”. Joe drinks quite a bit, and since your release from the hospital, has been drunk every night. You have a daughter, Annette, who lives out of state and is unwilling to provide any help or assistance. You are on a very limited income: a small pension from your husband, Social Security, and Medicare. You were the typical 1950s housewife, totally dependent on your husband, and now on your son. Your health has declined over the past few years, and you really struggle with the cost of your many medications. You have had some depression because of all this and occasionally think that death might be an easy way out, but have never come up with a plan of any sort.

Joe has come to stay with you since your release from the hospital, and has been drunk every night. He has had a drinking problem for the last few years, but it has escalated as his life has had to center so much on you. Joe’s anger has also grown to the point that he has become verbally and physically abusive, three days ago actually grabbing you by the arms once in a drunken rage. You love your son, but have become fearful of him. You would never admit that he is abusive and will make excuses for his behavior if asked about it.

## Medical History

You have high blood pressure, diabetes, high cholesterol, and Coronary artery disease. You should be taking several medications, some current, some not, and some discharge medications, but since being released from the hospital, you are only taking the Coumadin. Your son administers all your medications. You had your gall bladder removed when you were 49, and had a hip replacement in 2005, due to a fracture. You are allergic to penicillin, and break out in a rash.

## Family History

Your father died of a heart attack at age 58, your mother of a stroke at age 71.

## Social History

You smoke 2 packs of cigarettes per day, and have for over 50 years, and drink socially, a few times per year. You have never used illicit drugs.

# Standardized Caregiver

## Joe Kowalski, Age 48

You are Mariam’s son. Dressed in street clothes. You are hoping that you can hold it all together in front of Health Care Professionals, but are stressed and burdened by the constant needs of your mother. She is a constant source of frustration and anger for you.

## Background

Your wife, the love of your life, left you three years ago for another man. You never had children due to your low sperm count which causes you to doubt your manhood. You consider your mother to be the cause of your job worries as you have had to miss so much work because of her. You work in sales and marketing and have been laid off five times in the last 3 years due to the struggling economy.

Your younger sister, Annette, is married with two college-aged children, and lives out-of-state. You are resentful of the fact that she is “off the hook” as far as your mother is concerned and that she talked you out of moving to Chicago several years ago “when you had the chance”. Your drinking has gotten steadily worse since your wife left you, and currently is very heavy. Your resentment towards your mother and the care you are forced to provide is much more pronounced when you’ve been drinking, and you even grabbed your mother once when drunk. You would like your mother to go to a “home”, but there is no money for that. Secretly, you wish she “would just hurry up and die”.

# Case Presentation

Joe enters the room first, saying over his shoulder, “Hurry up!”, and does not hold the door for his mother. Joe’s anger shows on his face, his attitude to everyone (the HCP included), and in his physicality. “I’m stuck with her.”

Mariam struggles with the ill-adjusted walker, making her way into the room. She hands the tote to you and you drop it in front of her seat. Mariam takes a seat and places the walker next to her chair, slightly forward.

# Opening Lines

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| Podiatry | ****Mariam**:** “I can’t feel my left foot and I have trouble lifting it when I walk.” |
| PT/Dental/PCP/Pharmacy | **Mariam**: “My mouth hurts and my gums are bleeding.”**Joe**: “Mom’s having a hard time swallowing.” |
| Optometry | **Mariam**: “My side vision is not very good anymore. I want to know if you can help me.”**Joe**: “Her vision is terrible, she bumps into thing and people too.” |

# Triggers and Responses

In general, don’t interrupt the students. Let them finish so you know where their thought processes are taking them. If you interrupt, you can take them in a different direction or not allow them to say something that might fulfill something on the checklist.

Questions About Medications

**Mariam**: If asked about her medications (i.e. “Did the hospital send you home with any medication?”), Mariam will respond, “The pills cost a lot of money. I can’t afford all of them, but they made such a point of taking Coumadin, that I went out and had the prescription filled.”

Safety Issues

Mariam is using an ill-fitting walker, carrying a large handbag/tote, and is wearing flip-flops.

Questions About Diet

**Mariam**: “I eat mostly ice cream and pudding. My mouth hurts too much.”

If the student comments on the bruising on Mariam’s arms

**Mariam**: “It’s nothing. I --, I tripped over the dog.”

If the bruising on Mariam’s arms is brought up by any HCP, she will first nervously look at **Joe**, he will make eye contact with her and say in a somewhat threatening manner, “Mom.”, and she will then say, “I—I tripped over the dog.” It should be obvious that this is a lie—it is a story that Joe made up to explain the bruises.

Mariam should hesitate and search for words before saying how the bruises occurred.

“Oftentimes I bump into things. My side vision hasn’t been very good since the stroke. It’s not safe to go out on my own, I need Joe’s help with everything” (Mariam looks down and forlorn, also nervous).

Mariam never admits to being abused. “He doesn’t mean to hurt me.” “Maybe I don’t move fast enough. Maybe I don’t answer him fast enough.” He’s a good boy.”

If Joe is asked to leave the room

If asked to leave, Joe will go (with a warning look at his mother) and stay out for **two minutes**. He will refuse to exit the room again.

If Joe is asked to leave again, he will respond: “This is my mom and I need to know what’s going on with her.”

Two-Minute Warning Prompts

(If at the 2-minute warning of any of the 4 stations, the HCP has not given a plan of what is to come next):

HOME/PT

**Joe**: “I’m having back-pain from moving my mom.” (only if this doesn’t come up earlier)

PRIMARY CARE PRACTITIONER

**Joe**: “I’m having back-pain from moving my mom.” (only if this doesn’t come up earlier)

COUMADIN CLINIC and DENTIST

**Joe**: “She’s having trouble swallowing.”

PODIATRY

**Joe**: “If she doesn’t start walking right, she’s going to have to just stay in bed all day so she doesn’t fall and hit her head.”

OPTOMETRY

**Joe**: “She’s having a lot of trouble with her vision.”

**Miriam**: “Is it permanent?”

ADDITIONAL 2 MINUTE PROMPTS:

**Mariam** should prompt, “What do I do now/next?”

“NOW!!” Statements

These statements are very emphatic, and are the only time that Mariam holds firm.

**PT**—If at any time during the encounter the student should mention starting or not starting physical therapy, Mariam should emphatically respond, “They told me I need to start physical therapy today!” Should the student then say this shouldn’t be done, Mariam should respond, “I’d rather hear that from my doctor at the hospital.”

**Dental**—If at any time during the encounter the student should mention not pulling the tooth, Mariam should emphatically respond “The doctor said that this tooth needs to come out today! “Should the student then say this shouldn’t be done, Mariam should respond, “I’d rather hear that from my doctor at the hospital.”

**Coumadin Clinic**—If at any time during the encounter the student should mention changing the dose of Coumadin, Mariam should emphatically respond “The doctor said that I need to take all the Coumadin he prescribed!” Should the student then say this shouldn’t be done, Mariam should respond, “I’d rather hear that from my doctor at the hospital.”

**DO/PA/Nursing**—If at any time during the encounter the student should mention changing the dose of Coumadin, Mariam should emphatically respond “The doctor said that I need to take all the Coumadin he prescribed!” Should the student then say this shouldn’t be done, Mariam should respond, “I’d rather hear that from my doctor at the hospital.”

**Optometry**—If at any time during the encounter the student should mention examining her vision further or ask more questions about her side or peripheral vision, Mariam should emphatically respond “Is the Coumadin going to help me with my side vision? Because the doctor said that I need to take all the Coumadin he prescribed!” Should the student then try to examine the patient, Mariam should respond, “Why am I here? I just want to know if the Coumadin will help my vision.”

**Podiatry**—If at any time during the encounter the student should mention placing the patient into an ankle-foot orthosis (AFO) for her drop foot, Mariam should emphatically respond “The doctor told me I needed a brace to keep me from tripping.” Should the student then say this shouldn’t be done, Mariam should respond, “I’d rather hear that from my doctor at the hospital.”

At the end of the encounter, Joe will exit the room, leaving his mother behind. Mariam will pick up her tote, and using the walker, make her way from the room.

# General Logistics

At the start of the activity, you will have all your Quick Starts in your folder. The Quick Start folder contains all the paperwork you need for the entire ATOSCE. Please fill out all your paperwork, making sure to match the paperwork to the proper student. Please be sure to circle SP on your paperwork. Return all paperwork to the Quick Start folder.

Each station is your first visit. Should the student HCP ask if you have seen the optometrist, pharmacist, etc, your answer is always “No.”

Each encounter will last 12 minutes and you will hear a 2 minute warning. It is your responsibility to know which room comes next in rotation. You will have I minute to rotate. Scan Quick Start before entering the room (wait for announcement)

SPs exit to write their assessments (8 minutes, 2 minute warning, 1 minute warning). At 1 minute warning, start to be ready to reenter the room for feedback.

Allow 4 minutes for giving feedback. Upon entering the room for feedback, hand out the Self-Rating form. Let the student quickly fill it out, and then take it back. Then begin feedback. Be as collaborative as you can. Leave completed assessment, self-rating form, and feedback form in Quick Start Doorway.

SPs may call control room should you need anything. (x3843)

Leave personal belongings in your assessment room.

When you are finished, turn in all your paperwork to the sign-in area.