

STANDARDIZED PATIENT PROTOCOL

Institution: Eastern Virginia Medical School
M2 Focused H&P Winter
Case Title: “Can’t catch my breath”
History X Physical Exam X
Communication X
Anticipated time needed: _____ minutes

PATIENT DEMOGRAPHICS: to be used for recruiting the Standardized Patient

- a. **Age range** 25-65
- b. **Gender** female/male
- c. **Race** non-specific
- d. **Socioeconomic level** middle
- e. **Educational background** college
- f. **Specific affect to be simulated**anxious, Pneumothorax

SUMMARY OF CASE

Opening Statement:

“I can’t catch my breath.”

Spectrum of Concerns:

- 1. *can’t catch breath*
- 2. *“well I have also had this ache in my chest”*
- 3. *no, nothing else*

Chief Complaint:

The patient complains of an inability to *“catch my breath.”* It has been increasing in severity since yesterday.

History of Present Illness:

A woman/man who complains of an inability to catch his/her breath. He/she speaks in short sentences. His/her shortness of breath is accompanied by an "ache" in his/her left chest. Level 4, which increases to a level 6 sharp pain with deeper than normal inhalation (no pain with other movements but still guards chest). Pain radiates through to his/her back. Ache and pain are present and continuous.

3 hrs ago: Patient noticed aching increased in intensity from morning, now felt in front and back. Short of breath without great exertion - just walking around. Pain with deeper than normal breaths.

7 hrs ago: Aching still present from the night before, patient noticed an increase with walking up stairs, and extra exertion. Noticed some shortness of breath with exertion. Two Tylenol, no help. (sps will say *“some Tylenol”*)

19 hrs ago: Slight aching in middle of chest (towards the left side). Spent quiet evening. Could get to sleep. Didn't notice if aggravated by anything. Thought maybe pulled a muscle, hoped it would go away.

**remember that the SP may have to adjust the timeline as the day goes on.

Past Medical History:

Diagnosed with Hypertension 1 year ago. Controlled by watching diet (no salt) and moderate exercise. Never had chest problems prior to this episode.

Family History:

Grandparents: - Both Grandfathers had high blood pressure and died in their 50s of heart attacks. Grandmothers passed away in their sleep. Don't remember there being anything significant for cause of death.

Mother: - hypertension recently diagnosed, diet controlled

Father: - wears hearing aids

1 Sister and 1 brother alive and well

2 Children: Oldest is a boy- has asthma. Watches activities, time of year and treats with inhalers when needed. Youngest child- girl, healthy

Social History:

School teacher, married, two children- at least one lives in the home. Drinks alcohol socially (1-2 beers or glasses of wine per month). Smokes 1ppd since college, although hasn't felt like smoking since this (the SOB over the past 3 hrs.) started. He/she is moderately active.

Review of Systems:

Negative tuberculosis test at beginning of the school year.

Presentation:

Anxious, but not alarming to student. Speaks in shortened sentences (6 words) then must take a breath. Is not challenging to Learner. Guards left chest by crossing right arm across chest with right hand placed under left breast. Left upper arm is braced against right hand. If asked to lay down will attempt and then ask the Learner to be raised up "a little." (45°)

If you become uncomfortable then extend the shortened sentences to 8-10 words temporarily to relax.

Standard Questions to Interviewer:

"I've never had anything like this before. Is it serious?"

"Have you seen something like this before?"

Patient's Perspective:

Feelings: *"This is pretty scary"*

Ideas: *"Could it be lung cancer?"*

Effect of function: *"I can't work like this." (Can't teach or keep control of a class)*

Expectations: *"I really need to get better."*

Physical Examination Findings:

RR – 20-22/min, P: 90; Chest asymmetry: reduced chest expansion of left side; diminished air entry left side. Breath sounds are absent on the left side. Egophony is normal.

PATIENT INFORMATION

Pat Morris presents with an inability to "*catch*" their breath.

Vital Signs:

T 98° F

TASKS

Target Audience: Second Year Medical Student

1. Obtain a focused and relevant history
2. Perform a focused and relevant physical examination
3. Develop differential diagnosis
4. Discuss your initial diagnostic impressions with the patient
5. Discuss follow up tests with the patient
6. Discuss initial management plans with the patient
7. Write a SOAP note documenting your encounter with the patient and turn in to Rebecca Dalgarn within three business days.

Checklist

SP

Introduction (HX)

1. Student introduces self	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Student clarifies position or role	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Student asks patient name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Student asks chief complaint	<input type="checkbox"/> Yes	<input type="checkbox"/> No

History of Present Illness (HX)

5. Chronology?	<input type="checkbox"/> Onset/suddenly	<input type="checkbox"/> Frequency/continuous ache/shortness of breath	<input type="checkbox"/> Duration/19 hours	<input type="checkbox"/> Course/increasing	<input type="checkbox"/> Not asked
6. Location?			<input type="checkbox"/> Site/Left chest under breast	<input type="checkbox"/> Radiation/Through to back	<input type="checkbox"/> Not asked
7. Quality?				<input type="checkbox"/> Asked: dull ache/sharp pain w/breaths	<input type="checkbox"/> Not asked
8. Quantity?				<input type="checkbox"/> Severity: Ache-4 / sharp pain-6	<input type="checkbox"/> Not asked
9. Setting?			<input type="checkbox"/> Context (where) at home	<input type="checkbox"/> Precipitating events: Nothing	<input type="checkbox"/> Not asked
10. Aggravating factor?				<input type="checkbox"/> Aggravating factor:	<input type="checkbox"/> Not asked
<i>Notes: Taking a deep breath - pain. Exertion - shortness of breath</i>					
11. Alleviating factor?				<input type="checkbox"/> none	<input type="checkbox"/> Not asked
12. Associated symptom?				<input type="checkbox"/> None	<input type="checkbox"/> Not asked
13. Patient's attributions or understanding of illness (FIFE)	<input type="checkbox"/> Feelings - Scared	<input type="checkbox"/> Ideas - Lung cancer	<input type="checkbox"/> Effect of function - Can't work	<input type="checkbox"/> Expectations - Just get better	<input type="checkbox"/> Not asked
14. Continuing or active medical problems?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Past Medical History (HX)

15. General state of past health?	<input type="checkbox"/> Asked	<input type="checkbox"/> Not asked
16. Serious illnesses?	<input type="checkbox"/> Asked; HTN diagnosed 1 yr. ago	<input type="checkbox"/> Not asked
17. Serious injuries?	<input type="checkbox"/> Asked - None	<input type="checkbox"/> Not asked
18. Allergies?	<input type="checkbox"/> Asked:None	<input type="checkbox"/> Not Asked
19. Current medications?	<input type="checkbox"/> Asked: Tylenol	<input type="checkbox"/> Dosage
		<input type="checkbox"/> Not asked

Family History (HX)

20. Grandparents? (both)	<input type="checkbox"/> Health status/cause of death	<input type="checkbox"/> Not completely addressed
<i>Notes: Both grandfathers - High blood pressure, died of heart attack in fifties Both grandmothers - Dead, no significant health problems</i>		

21. Parents? (both)	<input type="checkbox"/> Health status/cause of death: Mother-hypertension/Father-hearing aids	<input type="checkbox"/> Not completely addressed
22. Siblings? (all)	<input type="checkbox"/> Health status/or cause of death: Alive and well	<input type="checkbox"/> Not completely addressed
23. Children? (all) <i>Notes: 1 child healthy 1 child with asthma</i>	<input type="checkbox"/> Health status/cause of death: 2 children, son (the oldest)- asthma	<input type="checkbox"/> Not completely addressed

Social History (HX)

24. Marital status?	<input type="checkbox"/> Asked: Married	<input type="checkbox"/> Not asked
25. Occupation?	<input type="checkbox"/> Asked Occupation: Teacher	<input type="checkbox"/> Not asked
26. Functional status?	<input type="checkbox"/> Exercise: Moderately active	<input type="checkbox"/> Not asked
27. Tobacco?	<input type="checkbox"/> Asked <input type="checkbox"/> How much?: 1 ppd <input type="checkbox"/> Type?	<input type="checkbox"/> How long?: since college <input type="checkbox"/> Not asked
28. Alcohol use?	<input type="checkbox"/> Asked <input type="checkbox"/> How much?: one or two wine/beer <input type="checkbox"/> Type?	<input type="checkbox"/> How often?: average 1-2 per month <input type="checkbox"/> Not asked
29. Recreational drug use?	<input type="checkbox"/> Asked	<input type="checkbox"/> Not asked

Review of Systems (HX)

30. Respiratory	<input type="checkbox"/> Cough?: No	<input type="checkbox"/> Previous test for TB?: yes w/ new school year	<input type="checkbox"/> Not asked			
31. Cardiovascular	<input type="checkbox"/> Discomfort and or pain?	<input type="checkbox"/> Palpitations/irregular beat?	<input type="checkbox"/> Wake up short of breath (PND)?: No	<input type="checkbox"/> Shortness of breath on exertion (DOE)?: Yes	<input type="checkbox"/> Ankles or feet swell?: No	<input type="checkbox"/> Not asked
32. Other: please list						

Management (HX)

33. Diagnosis	<input type="checkbox"/> Discussed Diagnostic impression: Please list in comment box <input type="checkbox"/> None Discussed
34. Diagnosis Comments	
35. Management/Plan	<input type="checkbox"/> Chest x-ray <input type="checkbox"/> EKG <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Measurement of Oxygen (blood gas, pulse oximetry, etc.) <input type="checkbox"/> Other: Please type in comment box <input type="checkbox"/> None Discussed
36. Additional Plans:	

Closure (HX)

37. Closure	<input type="checkbox"/> Assure patient understanding by encouraging questions	<input type="checkbox"/> Next communication between Pt. and care giver	<input type="checkbox"/> Closing salutation	<input type="checkbox"/> No closure
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A. General Inspection/Vital Signs (PE)

38. Examiner washes hands before starting examination (soap)	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	<input type="checkbox"/> Not
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	Technique	Technique	Done
39. Observe respiratory rate (verbalize observations)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
40. Measure blood pressure in one arm, verbalized to patient	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
41. Section: A. General Inspection/Vital Signs Comments <i>Notes:</i> Respiratory rate was not verbalized BP was not verbalized Arm was not raised to heart level when auscultating the BP Learner did not assess the systolic pressure by palpation before auscultating The cuff was placed too tightly/loosely on the patient's arm when BP was assessed			

B. Respiratory (PE)

<i>Inspection</i>			
42. Posterior and Anterior lung fields with deep breaths (verbalize observations)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
<i>Posterior</i>			
43. Check respiratory (thoracic) expansion	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
44. Auscultate posterior lung fields (bilaterally and symmetrically)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
45. Percuss posterior lung fields (bilaterally and symmetrically)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
46. Measure excursion of the diaphragm (full inhalation and exhalation)- bilaterally	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
47. Tactile Fremitus - "toy boat" or "One, One, One"	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
<i>Lateral</i>			
48. Percuss lateral lung fields (bilaterally)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
49. Auscultate lateral lung fields (bilaterally)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
<i>Anterior</i>			
50. Auscultate anterior lung fields (bilaterally and symmetrically)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
51. Auscultate apices in supraclavicular fossae with the bell of the stethoscope	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
52. Tactile Fremitus - "toy boat" or "One, One, One"	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
53. Section: B. Respiratory Comments <i>Notes:</i> Posterior/Anterior lung fields were not percussed/auscultated bilaterally AND symmetrically Diaphragmatic excursion was not assessed bilaterally Posterior/Anterior lung fields were not pecussed/auscultated at a minimum of 4 paired locations.			

C. Cardiac (PE)

<u>Observation</u>			
54. Observe precordium (verbalize observations)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
55. Inspect neck veins and estimate jugular venous pressure <i>Notes: Patient will be able to lie back long enough for this to be done or 45 degrees is acceptable</i>	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
Palpation			
56. Costochondral junctions	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
57. PMI	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
<i>Auscultate - using diaphragm of stethoscope</i>			
58. Aortic area (2nd ICS - right)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
59. Pulmonic area (2nd ICS - left)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
60. Erbs point	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
61. Tricuspid area (4th and 5th ICS - LSB)	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
62. Mitral (Apical) area	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
<i>Auscultate - using bell of stethoscope</i>			
63. Tricuspid area 4th or 5th ICS LSB	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
64. Mitral (Apical) area	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
65. Carotids- auscultation before palpation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Auscultate carotids	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
67. Palpate carotids	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect Technique	<input type="checkbox"/> Not Done
68. Section: C. Cardiac Comments			

Communication:

- Eliciting Narrative Thread
- Types of Questions
- Timeline
- Non-Verbal Facilitation
- Verbal Facilitation
- Empathy
- Verification of Patient Information
- Summarization
- Admitting Lack of Knowledge
- Pacing of Interview