CASE SUMMARY:

A. Duncan is a 72-year-old patient who has had low back pain for the last four months. The patient has a history of high blood pressure, kidney disease and colon cancer treated with surgery. S/he seeks to get an idea of where this low back pain might be coming from, as well as what treatment options are available.

Your challenge as the Simulated Patient is threefold:

1. Appropriately and accurately reveal facts and findings related to Mr. or Mrs. Duncan’s complaints
2. Observe the resident’s behavior while you are performing as Mr. or Mrs. Duncan; and
3. Accurately recall the resident’s behavior and accurately complete the performance checklist

PRESENTATION/EMOTIONAL TONE:

You are 72 years old, college-educated, retired, and otherwise healthy. You are well groomed and dressed in your underclothing, covered by a hospital gown which is open to the back. You are cooperative, but not overly forthcoming with answers and questions. You make frequent eye contact and appear friendly.

Beginning of Encounter:

In response to the question, “What brings you in today,” you say, “My back has been bothering me for the last four months.”

The resident will likely follow-up with specific questions regarding your back pain, other symptoms, and medications. These questions should be answered with simple responses to the direct questions. You should not offer information unless directly questioned by the resident.

HISTORY OF PRESENT ILLNESS/COMPLAINT:

Your back pain first started approximately 4 months ago. The pain is a 5/10, constant, dull, and achy. About one month ago, you noticed another kind of pain - a burning, “prickly” feeling that starts in your buttocks, then spreads down both of your legs and feet when you start walking. When this happens, your legs feel crampy, tired, and weak. The leg pain resolves once you stop walking and sit down for a minute. You’ve noticed that when you’re grocery shopping, the back and leg pain is better when you lean forward on the cart for support. At home, you’ve noticed some relief with crouching down or lying in a fetal position (on your sides with your knees tucked up to your chest). For the last few months, you haven’t been able to sleep comfortably on your back.
You can’t recall anything specific that brought it on. Your kidney doctor told you to get the pain evaluated by your primary care doctor, but to try Tylenol in the meantime. For the most part, Tylenol takes the pain down to a 3-4/10, but on bad days it does not seem to work at all.

**PAST MEDICAL HISTORY:**

*If female SP:* Breast cancer (diagnosed 11/08), treated surgically  
*If male SP:* Prostate cancer (diagnosed 11/08), treated surgically  
Hypertension  
Chronic kidney disease Stage III, creatinine 1.6

Surgical History:

*If female SP:* Left-sided lumpectomy 12/08  
*If male SP:* Prostatectomy, 12/08

**Allergies:** Penicillin causes a rash

**Medications:**

Toprol XL 50 mg QD (once a day)  
Lisinopril 20 mg QD (once a day)  
Fish oil capsules QD (once a day)  
Multivitamin with iron QD (once a day)  
Colace 50 mg QD (once a day)  
Tylenol Extra Strength 500 mg, 1 capsule Q6 hrs PRN pain

**FAMILY HISTORY:**

Your father died of colon cancer at the age of 69. Your mother had diabetes and was on dialysis towards the end of her life – something you hope never to go through.

**SOCIAL HISTORY:**

You used to smoke one pack per day for 25 years, but quit 20 years ago. You drink wine with dinner. You used to teach high school English.

**REVIEW OF SYSTEMS:**

If asked about incontinence, you sometimes lose a little bit of urine now and again. When pressed for details, your reveal that it’s mostly with coughing, sneezing or laughing. You have never experienced any numbness in the genital region. No fevers, chills, night sweats, or unintentional weight loss.

**PHYSICAL EXAMINATION:**

Residents will perform a physical examination. This may include listening to your heart and lungs with a stethoscope, but may only involve an examination of your back, as well as an examination of your legs and feet. The resident may examine your back or legs in ways that are not on the checklist – this is OK.
ANDREW/ANDREA DUNCAN
ABNORMAL PHYSICAL EXAM FINDINGS

The biggest challenge of playing Andrew/Andrea Duncan is mimicking abnormal physical exam findings.

**During the physical exam, you will demonstrate:**

- Pain upon bending **backward**, but not **forward**. However, you are slow and stiff when bending in all directions and turning from side to side.

- Upon bending backward, you will report worsening pain in your back, as well as some burning and numbness in both legs.

- You don’t experience any pain during the Straight Leg Raise.

When the examiner taps on your knees and behind your feet to elicit your reflexes, mentally attempt to hold your legs and feet absolutely still.
Station Length: 15 minutes maximum

Patient Name: Andrew Duncan

Station Instructions:
Andrew Duncan is a 72 year old patient, new to our clinic.

Chief Complaint: Low Back Pain

Weight: 90kg
BP: 140/90
RR: 20
HR: 60
Temp: 37

Once you have obtained a focuses history and exam, you are to leave the room and complete a checklist on the computer.
Station Length: 15 minutes maximum

Patient Name: Andrea Duncan

Station Instructions:
Andrea Duncan is a 72 year old patient, new to our clinic.

Chief Complaint: Low Back Pain

Weight: 65kg
BP: 140/90
RR: 20
HR: 60
Temp: 37

Once you have obtained a focuses history and exam, you are to leave the room and complete a checklist on the computer.
PATIENT CHART

Temp 37  BP 140/90  HR 60

Patient Name  A. Duncan  Patient Age 72

History Number 022557  Chart Number 086254

RR 20  HT 90 Kg

WT 90 Kg

Complaint: Low Back Pain

Nurse’s signature  Diane Walters

Copied  Dictated

Reviewed w/attending
PATIENT CHART

Temp _37_     BP _140/90_     HR _60_

Patient Name _A. Duncan_     Patient Age _72_

History Number _022557_     Chart Number _086254_

RR _20_     HT _65 Kg_     WT _65 Kg_

Complaint: _Low Back Pain_

Nurse’s signature:_Diane Walters_

Reviewed w/attending
GLOBAL RATING

1. Andrew/Andrea Duncan was satisfied with this resident physician encounter.

   YES    NO

COMMENTS:

HISTORY

Please record whether the learner elicited the following information.

   If the learner DID elicit the statement, select “YES.”
   If the learner DID NOT elicit the statement, select “NO.”
   If you are unsure, select “UNSURE.”

Use the following guide to answer:

2. The resident asked me about my general well-being: "How are you doing?"

   YES    NO    UNSURE

3. The resident asked me to tell them about my back pain.

   YES    NO    UNSURE

4. The resident asked me to describe the site or location of the pain. “Where on your back does it hurt?” (“In my lower back, right in the middle where my spine is.”)

   YES    NO    UNSURE

5. The resident asked me to describe the “quality” of the pain. “What does it feel like?” (“My back feels dull and achy – my legs feel prickly, crampy and tired, but only after I walk.”)

   YES    NO    UNSURE

6. The resident asked me to describe the “severity” of the pain on a scale of 1-10. (“About a 5.”)

   YES    NO    UNSURE
7. The resident asked me to describe the “radiation” of the pain. Does it go anywhere? (“Yes – after I walk for five minutes, I can feel the pain shoot from my buttocks on down to my feet.”)
   
   **YES**  **NO**  **UNSURE**

8. The resident asked me how long I have had the pain. (“The back pain has been going on for about four months – the leg pain came on in the last month.”)

   **YES**  **NO**  **UNSURE**

9. The resident asked me how long the pain lasts. (“My back hurts almost all the time. My legs get better pretty quickly after I sit down.”)

   **YES**  **NO**  **UNSURE**

10. The resident asked me if anything makes the pain better or worse. (“Bending over, squatting, or curling up in bed seems to make it a little better. Walking definitely makes it worse.”)

    **YES**  **NO**  **UNSURE**

11. The resident asked me if I had urinated or defecated on myself by accident, had numbness in my genitals, or had noticed leg weakness. (“Once in a while I'll lose some urine if I laugh or sneeze, otherwise, no.”)

    **YES**  **NO**  **UNSURE**

**PHYSICAL EXAMINATION**

12. The resident asked me to stand up for part of the exam.

    **DONE**  **NOT DONE**

13. The resident asked me to bend forward while I was standing.

    **DONE**  **NOT DONE**

14. The resident asked me to bend backwards while I was standing.

    **DONE**  **NOT DONE**

15. The resident asked me to bend from side to side while I was standing.

    **DONE**  **NOT DONE**

16. The resident asked me to keep my hips and feet still while turning my upper body left and right while I was standing.

    **DONE**  **NOT DONE**

17. The resident touched the body parts of my lower back (while I was standing or sitting).

    **DONE**  **NOT DONE**
18. The resident touched the muscles around my lower back and buttocks (while I was standing or sitting).

    DONE                  NOT DONE

19. The resident touched the skin on my legs and the tops of my feet and asked me if there were any areas of numbness (while I was standing or sitting).

    DONE                  NOT DONE

20. The resident asked me to sit for part of the exam.

    DONE                  NOT DONE

21. The resident pushed down on my knee or thigh while I was sitting and asked me to push upwards against him/her.

    DONE                  NOT DONE

22. While I was sitting, the resident asked me to kick my lower leg out while s/he pushed against it.

    DONE                  NOT DONE

23. While I was sitting, the resident asked me to point my toes upwards (towards the sky or my nose).

    DONE                  NOT DONE

24. While I was sitting, the resident asked me to point my toes downwards (like a ballet dancer on tiptoe).

    DONE                  NOT DONE

25. While I was sitting, the resident tapped on my knees with a reflex hammer or side of their stethoscope.

    DONE                  NOT DONE

26. While I was sitting, the resident tapped on the back of my heel with a reflex hammer or the side of their stethoscope.

    DONE                  NOT DONE

27. The resident asked me to lie down for part of the exam.

    DONE                  NOT DONE
28. The resident asked me to straighten my leg and lift it upwards (either while I was seated or lying down), and asked if I had pain.

DONE          NOT DONE

29. While lying on my back, the resident asked me to bend one knee and cross my ankle over my other knee and asked if I had pain.

DONE          NOT DONE

30. The resident asked me to walk normally.

DONE          NOT DONE

31. The resident asked me to walk on my heels.

DONE          NOT DONE

32. The resident asked me to walk on my toes.

DONE          NOT DONE
PATIENT-PHYSICIAN INTERACTION

How was the resident you saw at:

33. Allowing you to answer questions without interrupting?
   
   POOR    FAIR    GOOD

34. Behaving warmly, but professionally throughout the entire encounter?
   
   POOR    FAIR    GOOD

35. Examining you in a way that felt professional and comfortable?
   
   POOR    FAIR    GOOD