SIMULATION SCENARIO DEVELOPMENT TEMPLATE

Scenario name: Abdominal Pain-Epigastric
Date submitted: 02/20/2011
Submitted by: Sharon J. Wilson, ARNP
Institution: Univ. of Wash. School of Nursing
Target audience: Undergrad ☐ Grad ☑ Other:
Goal/Purpose: To provide novice advanced practice students experience with reluctant historian.

Lab Set-up

Patient simulator/Task trainer: Confederate or standardized patient (SP)
Patient characteristics: Pat Stevens, age 52 yrs old, sitting on exam table
Vital parameters, beginning: not critical
Environment/setting/location: Outpatient clinic
Lab staff needed day of simulation: None
Equipment, supplies & prop list: Outpatient exam table, Chair for family prn, stool for clinician; drape; outpatient chart; script for patient actor.

Learning Objectives

For patient with epigastric pain, learner will be able to:
1. choose communication and relationship development strategies for interaction with patient who is a reluctant historian.
2. demonstrate advanced skills in performing an history & physical exam.
3. formulate and deliver a case presentation in collaboration with preceptor that includes a rationale for choice of working diagnosis.
4. (Optional) Formulates a management plan and documents in SOAP note format.

Student Preparation

Pre-requisite knowledge/activities:

1. Review of lectures and physical exam related to GI system.
2. Experience with taking a focused history and physical exam, formulating a differential diagnosis, and providing a case presentation to a preceptor.
3. Review of Bates textbook chapter on patient interviewing.

Clinical Case Information

Case description/Patient history (HPI, PMH, Social Hx, FH):

History of Present Illness (HPI): Gradual worsening of epigastric abd pain over the last 3 days after running out of medication for heartburn. Has taken this medication for 3 years and needs it to keep from having reflux of acid into esophagus and throat. Just wants a refill on the medication, nothing else as this always works. Had a work-up 2 years ago with a gastroenterologist and nothing was wrong. Only Nexium works. ROS: Doesn't want to answer any additional questions. Past Medical History (PMH): Heartburn Surgical History: None. Family History (FH): Ignores request for information. Social History (SH): Smokes 1 pack per day for 40 years. Alcohol: a few beers occasionally. C(cut down), A(Annoyed) G(guilty), E eye opener) questions: yes to all. If pressed, six pack every night. Rec. Drugs: never. VS today: BP 140/94, P 88, RR 12, T 98.4F in chart.

Medications and Allergies (MAR):

Allergies: NKDA
Nexium 40mg PO QD in the past; has run out.
Excedrin OTC 2 tabs PO QD for morning headache.

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Actor Roles and Behavior Overview

Actor/Role – Brief overview of behavior during scenario

1. Patient played by student or standardized patient - Reluctant history, especially related to alcohol intake. Don't volunteer information. Keeps repeating, "All I need is my refill". Become more cooperative if clinician attempts to gain rapport, such as active listening, expressing understanding. Cooperates with physical exam--epigastric tenderness.
2. Advanced practice nurse Student - performs History and Physical exam. Presents case to preceptor. Optional management plan and documentation.
3. Preceptor - listens to student's to case presentation, ask questions to complete history & PE. Enter room and repeat any missed hx and/or PE.

Scenario Events and Expected Actions

Events in chronological order – Expected actions

1. APN student enters room - introduces self and begins H&P.
2. Patient - reluctant when asked history quesitons, especially related to alcohol intake.
3. APN student - uses various techniques to elicit required information.
4. APN student leaves room - gives case presentation to preceptor.
5. Optional management plan and SOAP documentation.

Debriefing Points

What went well?
What will you do differently next time?
What are challenges of caring for a patient that is poor historian? What therapeutic communication strategies did you use to complete H&P?

References

Evidenced-based practice guidelines, protocols or algorithms used in creating scenario:

Dains, Baumann, & Scheibel (2007). "Advanced Health Assessment and Clinical Diagnosis in Primary Care", 3rd Ed.
Uphold, C.R., Graham, M.V. (2003). "Clinical Guidelines in Family Practice", 4th Ed.
Bickley, Lynn S. (2009). Bates' Guide to Physical Examination and History Taking, 10th ed., page 78. Philadelphia: Lippincott.

Key Words:

Abd pain-epigastric; Adult;Graduate; Outpatient;SP, Confederate;Communication; reluctant historian

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