

LEARNER INSTRUCTIONS**PATIENT:** Pat Jones**AGE:****CHIEF COMPLAINT:** Cough and Sneezing**VITAL SIGNS:**

| | |
|-----------------|--------|
| Blood Pressure: | 120/80 |
| Pulse: | 72 |
| Respiration: | 16 |
| Temperature: | 98.6 |

SETTING: Clinic**LEARNER TASK:**

You are a 4th year medical student. You have 15 minutes to:

- 1. Obtain an appropriate history*
- 2. Give your tentative diagnostic impressions to the patient:*

Encounter 2

STANDARDIZED PATIENT TRAINING MATERIALS

| | |
|--|--|
| Name? | NAME : Pat Jones |
| What brings you to the clinic today? | "I'm here today because I have recently developed a cough and am sneezing a lot. I thought it was just a cold INTERRUPT (SP should not give any more information) |
| INTERRUPT | |
| Does anyone around you have a cold? | No |
| What do you do for a living? | Teacher |
| So no one around you has had a cold? | No (Or "not that I have noticed...") |
| How long have you had the cough and sneezing?? | Sneezing started 2 weeks ago. Cough began 1 week ago |
| What other symptoms besides the cough and sneeze? | Itchy eyes (for two weeks), trouble breathing (started 3 days ago). Red bumps on stomach (started last week) |
| Are the red bumps itchy? | No |
| HISTORY OF THE PRESENT ILLNESS | |
| PHYSICAL SYMPTOMS | |
| With the trouble breathing, when is it worse? | Only in the morning. |
| Do you have asthma? | Not now, did as a child |
| Does anything make the symptoms worse? | Worse at night and morning when I'm home |
| Does anything make the symptoms better? | Leaving home. Benadryl that roommate gave me |

| How are these symptoms affecting your life? | Not sleeping well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------|----------|-------------------|-------------------------------------|----------|-----------------------|-----------------------------|-----|--------------|---------|----------------------|-----|--------------|-----|---------|-----|---------------|--|--------------------------------------|----|----|--|----------------|-----|------------|--|------------------------|-----|------------|--|
| PATIENT'S PAST MEDICAL HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What illnesses did you have as a child? | Asthma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you still suffer from Asthma? | No, I grew out of it. (OK if SP adds 16 y/o info here.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When was your last asthma attack | 16 years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any illnesses or diseases you have currently? | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any allergies? | none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What medications are you currently taking? | <table border="1"> <tr> <td>Over-the-counter:</td> <td colspan="2">Took some Benadryl roommate gave me</td> </tr> <tr> <td>Prescriptions:</td> <td colspan="2">none</td> </tr> </table> | | | Over-the-counter: | Took some Benadryl roommate gave me | | Prescriptions: | none | | | | | | | | | | | | | | | | | | | | | | | |
| Over-the-counter: | Took some Benadryl roommate gave me | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescriptions: | none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you still have an emergency Asthma inhaler just in case you have an attack? | No (Not in Case) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When was the last time you had a physical? | <table border="1"> <thead> <tr> <th></th> <th>Yes/No</th> <th>When:</th> <th>Results:</th> </tr> </thead> <tbody> <tr> <td>Visits physician regularly:</td> <td>Yes</td> <td>6 months ago</td> <td>healthy</td> </tr> <tr> <td>Cholesterol checked:</td> <td>Yes</td> <td>6 months ago</td> <td>180</td> </tr> <tr> <td>TB Test</td> <td>Yes</td> <td>in last 3 yrs</td> <td></td> </tr> <tr> <td>Performs self breast/testicular exam</td> <td>No</td> <td>No</td> <td></td> </tr> <tr> <td>Visits dentist</td> <td>Yes</td> <td>1 year ago</td> <td></td> </tr> <tr> <td>Visits ophthalmologist</td> <td>Yes</td> <td>1 year ago</td> <td></td> </tr> </tbody> </table> | | | | Yes/No | When: | Results: | Visits physician regularly: | Yes | 6 months ago | healthy | Cholesterol checked: | Yes | 6 months ago | 180 | TB Test | Yes | in last 3 yrs | | Performs self breast/testicular exam | No | No | | Visits dentist | Yes | 1 year ago | | Visits ophthalmologist | Yes | 1 year ago | |
| | Yes/No | When: | Results: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visits physician regularly: | Yes | 6 months ago | healthy | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Visits dentist | Yes | 1 year ago | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visits ophthalmologist | Yes | 1 year ago | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dentist? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eye doctor? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you drink alcohol? | <table border="1"> <tr> <td>Sleeping Habits:</td> <td>8 hours</td> </tr> <tr> <td>Stress:</td> <td>Minimal</td> </tr> </table> | | | Sleeping Habits: | 8 hours | Stress: | Minimal | | | | | | | | | | | | | | | | | | | | | | | | |
| Sleeping Habits: | 8 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stress: | Minimal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you smoke? | <table border="1"> <tr> <td>Tobacco:</td> <td>No</td> </tr> <tr> <td>Alcohol:</td> <td>3-4 beers on weekend.</td> </tr> <tr> <td>Illicit Drugs:</td> <td>No</td> </tr> </table> | | | Tobacco: | No | Alcohol: | 3-4 beers on weekend. | Illicit Drugs: | No | | | | | | | | | | | | | | | | | | | | | | |
| Tobacco: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol: | 3-4 beers on weekend. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Illicit Drugs: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you use any illegal drugs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexual Habits: | Current: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|--------------|
| Are you currently sexually active? Men, women or both? | Monogamous: | Yes |
| | Number of partners: | 1 |
| | Orientation: | Heterosexual |
| | Form of birth control: | Condoms |
| | Safe sex practices: | Yes |
| Do you practice Safe Sex? | History of STDs: | No |
| | Tested for HIV: | Yes-Negative |
| Have you ever been tested for HIV? What were the results? | | |
| FAMILY MEDICAL HISTORY | | |
| Are your parents still alive? | My father is. (OK if they also say that mother is deceased) | |
| How did your mother die? | Leukemia (when you were three) | |
| How's your father's health? | He has high blood pressure and cholesterol | |
| Brothers or Sisters? | Sisters: No | |
| | Brothers: No | |
| How are your Grandparents? | Grandparents: All deceased | |
| Anything else you think I should know? | SP should not give other information. | |

Summarize/Recap:

Use what SP said, hitting any wrong info given.

Conclusion:

"I'm not sure what's going on. It may be a cold or it may be some sort of allergies. I'm sure my attending will know. It's probably not the flu that's going around though...that's good.

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| SP must say: | I'd like to get a second opinion. |
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