

Mark Coles

(Original case by Win May, MD, PhD and Beverly Wood MD, PhD)

PRESENTING COMPLAINT: Low back pain, referred for an MR of the back.

ACTUAL DIAGNOSIS: Crushed lumbar vertebrae with anterior decompression and posterior spine fusion

PATIENT DEMOGRAPHICS:

Age: 45
Sex: Male/Female
Race: N/A

EVALUATION OBJECTIVES:

1. The resident will demonstrate good patient-physician interaction skills when dealing with an angry patient, who has been referred for a MR.
2. The resident will be able to explain the exam in a way the patient understands during the clinical encounter.
3. The resident will be able to address the patient's concerns.

EQUIPMENT NEEDED:

None

Resident:

You are a 2nd year resident in radiology on your first rotation of neuroradiology. You arrive to discuss the procedure (a spine MR) and use of IV Gadolinium contrast in an MR of the spine on this patient. On speaking with him, realize that he is a very angry patient, and need to take care of this first, before proceeding with the procedure.

**Presenting Situation
and
Instructions to the Resident**

Mark Coles

M. Coles is a 45-year-old man who was admitted to the hospital with fractured vertebrae (L 2,3,4) secondary to an auto accident. He was stabilized and then taken to surgery where a decompression and posterior spine fusion were done without further complications. His hospital course was uneventful, despite a somewhat difficult period of emotional adjustment to his injury. Subsequently, he was placed in a lumbosacral orthosis in the supine position for 6 weeks; he continued to wear his body jacket for an additional 4 1/2 months. He continues to have severe pain though multiple spine X-rays and 2 CT scans are negative aside from the expected surgical changes. He has been referred for an MR of the spine in the belief that it may reveal a cause of the unexplained pain he experiences.

You are to:

- **Understand and allay his anger.**
- **Explain why the MR is an appropriate examination to investigate his complaints**

You will have **10 minutes** to perform these tasks.

(A bell will ring **8 minutes** into the encounter. At the **end of the encounter** you will be asked to leave the room.)

You will then have **4 minutes** after the encounter to answer questions related to this case outside of the room.

Training Materials

Mark Coles

PROFILE:

Mark Coles is a 45 year-old unemployed computer graphic designer who's been on disability insurance for the past 2 years. He used to work in a graphics design firm. He has no children and is in the process of a divorce.

He was in an automobile accident about 2 years ago, sustained lumbar vertebral and posterior element fractures and had spinal fusion surgery. He has been in constant pain since then and his life has been gradually going downhill since the accident. He's not been able to go back to work, and his marriage has fallen apart.

The challenge in this case for you, the standardized patient, is threefold:

1. Accurately portray the emotions of someone who is angry with everybody – the driver of the other car, your wife, and the entire medical profession - including the resident who is speaking with you about your MR. You do not understand how an additional exam will help when you have had several sets of X rays and also 2 CT scans, which have not shown a cause for the pain. Why will another exam be any different, or show something the others did not? You are running low on tolerance, frustrated with your persistent pain, and skeptical about having more examinations when the others have not shown any cause for pain.
2. Observe the resident's behavior while you are performing the case.
3. Accurately recall the resident's behavior and complete the communication skills checklist.

PRESENTATION/EMOTIONAL TONE:

Mark is dressed in a conservatively stylish manner.

While you are at first in the room with the resident, you should remain standing up leaning on the back of the chair. Sit after a few minutes because your back is hurting.

The resident should immediately sense your hostility. You are tense, impatient, condescending and just plain angry, BUT your anger is "deflected". You are **NOT** angry at the resident.

You are angry at:

- the drunken driver who caused your accident
- your wife who left you a year ago
- these repeated imaging exams that do not show anything.
- and the medical profession in general because you are still in pain !

THE ENCOUNTER:

Beginning of the encounter

When the resident introduces himself/herself, you slowly move to the chair and carefully sit down on the front edge keeping your back straight. You do not have much lateral movement; that is, you cannot twist from side-to-side. However, you DO carefully change position occasionally during the interview. The most important thing to remember is that **Mark is in constant pain. He is ambivalent about the usefulness of the study.**

You speak quickly and make a lot of denunciations -- and questions; e.g.:

How will having this MR help me? Will you know what's causing my pain?

OR

Why do they just keep doing exams? Does anyone know what is wrong?

OR

"When am I ever going to be free of this pain so I can get my life back together again?

Will the exam show something that can be fixed?"

You can answer the resident's questions with a question, which is a way of defending yourself and keeping your guard up.

Middle of the encounter

The resident must make a connection or build some kind of trust and rapport with Mark, otherwise he remains hostile throughout the interview continuing to rant on about the ills that have befallen him over the past 2 years. He/she should be able to convince Mark that a different kind of exam may be helpful to show a problem that has not been seen before (on different types of exams such as X rays or CT scans).

If the resident genuinely acknowledges that:

- "You certainly have had a string of bad luck" or
- "I'd be angry too if I'd had happen to me what you've been through" or

- “I am not sure what the MR will show, but it may show a cause of the pain that was not found before” (with different studies)
- The MR will show nerves, the spinal cord, soft tissues not seen with other studies
- anything else of a similar nature

then Mark 's attitude changes and he gradually becomes more cooperative. He will say:

“I don’t want to have exams done just to get me off the doctors’ backs”

Though Mark does in fact continue to have chronic pain, his alcohol consumption has also increased. He has not been able to return to his job and his wife has recently left him. In other words, Mark 's life is falling apart.

In relation to the MRI, he is hoping that there is a visible (organic) cause of the pain, and that something can be done to alleviate it. He hopes that this will lead to more information, but is worried about the trouble and expense of possibly useless exams. He can ask

“Is my insurance going to pay for this? I certainly don’t want to be paying for it myself. You know that I have been laid off since last year.”

He also wonders if all these exams are harmful (radiation? Being given contrast material?) If there is a treatment that will help, he is willing to undergo it, but he is dubious that anyone will find anything wrong that can be fixed.

The resident should also be able to suggest to Mark that he:

- try going to a chronic pain clinic and
- explore the possibilities of ongoing counseling

End of the encounter

The resident should eventually be able to suggest to Mark that the MR scan is different from X rays and the CT scan, and might show something that could be repaired. He cannot guarantee it, but because it shows the spinal cord, nerves, and soft tissues, it is a more useful study and could show something that is not visible on the other exams that have been done. You will be more amenable and say

“ All right – let’s do it. I hope that this test will let you and me know what is causing the pain and that you guys can do something to make it better. When will I find out the results from this study? How will I be finding them out?”

On the other hand, if the resident doesn't establish rapport with Mark, he will submit to having the MR scan, but remain angry and doubting:

"All right – get on with it. I hope this won't be another useless test – without knowing any further about what is wrong and what is causing this terrible pain. None of you know what it's like to live with constant nagging pain... I don't know why all this is happening to me. It just isn't fair. I don't deserve this."

PAST MEDICAL HISTORY:

HISTORY OF PRESENT ILLNESS

Two years ago, you were involved in a motor vehicle accident. It was late at night. You swerved to avoid another automobile and hit a telephone pole. You were wearing a seat belt. You were not drinking at the time. However, the classic (1956) Thunderbird you were driving was only equipped with a lap belt, NOT a shoulder harness:

"They told me I probably got the kind of fracture I did because of the seat belt I was wearing. Now isn't that just like what you'd expect? I use the seat belt like I'm told -- and I break my back! And on top of all that, it wasn't even my fault. It was the other driver who was drunk. And all he comes out of this with is a few bumps and scratches. And just in case you're wondering, my car doesn't run like it used to either...."

Hospital: You lost consciousness and awoke in the hospital just before surgery. The **x-rays** showed an unstable lumbar spinal fracture involving the vertebrae and the posterior arches at the L2-L4 level. You had a **spinal fusion** and were hospitalized for 7 weeks. You were in a **body jacket** and confined to bed for 6 of those weeks.

After discharge from the hospital, you continued to wear the **body jacket** for an **additional 4 1/2 months**. (The body jacket went from under arms to mid-thighs, enabling you to walk around and to shower.)

After the body jacket was removed (you were in the jacket for a total of 6 months), you were given physical therapy exercises to perform 10-20 times/day to stretch your back and stomach muscles:

You were told NOT to do any other physical exercise, besides the physical therapy exercises.

FAMILY MEDICAL HISTORY:

Both of Mark's parents are alive and healthy. They live nearby. His mother (65 yrs. old) comes over to his place whenever she can (2 or 3 times a week) to help him out with cleaning, grocery shopping, etc. His father (70 yrs. old) is an engineer. He has one older married brother (50 yrs. old).

PERSONAL HISTORY:

Mark has been married for 5 years. His wife left him about a year ago. She continues to work at the graphic design firm where he worked. They are still in the middle of divorce proceedings. It's been going on for 5 months. In another month the divorce should be finalized. As mentioned earlier, their marriage was in trouble before Mark's accident. The accident just brought the situation to a head.

Mark Coles

STANDARDIZED PATIENT CHECKLIST

<p>SP's Label</p>

<p>Examinee's Label</p>

Date: _____/07

Program: _____

Please check the appropriate box.	Outstanding* *	Very good	Good	Needs Improvement	Marginal	Unacceptable *
The examinee:						
1. As Mark Coles, rate your overall level of satisfaction with this examinee encounter.						

Case-Specific Items

I felt the resident

- | | |
|--|---------------|
| 1. understood why I was angry and responded empathetically. | YES NO |
| 2. helped me feel safe to share my anger. | YES NO |
| 3. gave me the appropriate amount of “space” to understand my feelings and validate my distress. | YES NO |
| 4. was aware of my nonverbal cues. | YES NO |
| 5. paused frequently and used silence and body language as tools to facilitate discussion | YES NO |
| 6. encouraged me to share some of the thoughts that were going through my head. | YES NO |

7. initiated a discussion of what I considered to be my concerns. **YES NO**

Interpersonal Skill: Personal Warmth and Sensitive Respect

8. I felt the resident greeted me warmly upon entering the room.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

9. I felt the resident was friendly throughout the encounter.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

10. I felt the resident treated me like we were on the same level.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

11. I felt the resident showed interest in me as a “person.”

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

12. I felt the resident displayed patience when I asked questions.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

13. I felt the resident offered support and empathy.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Communication Skills

14. I felt the resident explained everything clearly.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

15. I felt that the resident discussed what the study (MRI) was like with me.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Disagree

Agree

16. I felt the resident made sure that I understood what was intended with the study (MRI and contrast).

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

17. I felt the resident encouraged me to ask questions.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

18. I felt the resident answered my questions, without avoiding them.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

19. I felt the resident clearly explained what I should expect of the procedure.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Structure of Communication

- | | | |
|--|------------|-----------|
| 20. Maintained eye contact appropriately | YES | NO |
| 21. Moved from open to closed ended questions | YES | NO |
| 22. Interview unfolded in a logical manner | YES | NO |
| 23. Used explanatory transitional statements when moving from one section to another | YES | NO |
| 24. Used segment summaries to check that understanding was accurate | YES | NO |
| 25. Asked clarifying questions when appropriate | YES | NO |
| 26. Summarized the session briefly including what to expect | YES | NO |

Additional issues

- | | | |
|---|------------|-----------|
| 27. The resident did not put the blame on other doctors | YES | NO |
| 28. The resident offered to refer me to a pain clinic or counseling | YES | NO |

Post-Encounter Exercise

Resident Self-Evaluation

Resident's Name: _____ Date: _____

Name of the Patient you just saw: _____

I felt that I

- 1. understood why he was angry and responded empathetically. **YES NO**
- 2. helped him feel safe to share his anger. **YES NO**
- 3. gave him the appropriate amount of “space” to understand his feelings and validate his distress. **YES NO**
- 4. was aware of his nonverbal cues. **YES NO**
- 5. paused frequently and used silence and body language as tools to facilitate discussion **YES NO**
- 6. encouraged him to share some of the thoughts that were going through his head. **YES NO**
- 7. initiated a discussion of what he considered to be his concerns. **YES NO**

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- 12. I felt I displayed patience when he asked questions.

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13. I felt I offered support and empathy.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Communication Skills

14. I felt I was explaining the purpose and experience of the study clearly .

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

15. I felt that I discussed the study with him .

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

16. I felt I made sure that he understood the procedure (MRI and contrast).

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

17. I felt I encouraged him to ask questions.

1	2	3	4	5
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18. I felt I answered his questions without avoiding them.

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| 23. I used explanatory transitional statements when moving from one section to another | YES | NO |
| 24. I used segment summaries to check that his /her understanding was accurate | YES | NO |
| 25. I asked clarifying questions when appropriate | YES | NO |
| 26. I summarized the session briefly including info about the MRI. | YES | NO |

Additional issues

- | | | |
|---|------------|-----------|
| 27. I did not put the blame on other doctors | YES | NO |
| 28. I offered to refer the patient to a pain clinic or counseling | YES | NO |