

Simulated Patient Exercises

Implementing the Simulated Patient Exercise

Instructions for Workshop Facilitator

This section of the Facilitator's Guide contains six patient roles. Select the roles you will use ahead of time based on the type of patients the participants see most frequently or who present challenges.

Before the workshop

- Recruit actors to play patient roles
- Send a confirmation letter containing information regarding:
 - Date, time, and location of workshop
 - Payment for service (optional)
 - Directions and parking information
 - Description of the workshop and anticipated audience
 - Include documents:
 - *Information for the Simulated Patient - Patient Role # __*
 - *Instructions for Simulated Patient*
 - *Simulated Patient Evaluation Form*
- Make copies of all forms to be distributed to Small Group Facilitators
 - *Instructions for Small Group Facilitators*
 - *Observer's Assessment Form*
 - *Simulated Patient Evaluation Form*
 - *Patient Role Information (Interviewer information and Simulated Patient information)*
- If possible, assign participants to groups ahead of time. One option is to form the groups based on their amount of experience, mixing nurses who have a lot of experience as nurse case managers with less experienced nurses
- Ideally, each group should consist of no more than three participants
- Arrange to have one facilitator for each small group
- Forms to be used by participants should be included in the participant binders
- Make a few extra copies of all forms used for this activity (interviewer, observer, and patient) in case they were not included in the binders
- Reserve rooms where the interviews will be conducted. If possible, use a separate room or space for each patient group
- Create signs that designate patient numbers for each interview room door

- The simulated patients should be present in the interview room prior to the group arriving
- If possible, designate a support person (someone not directly involved in the activity to ensure that the activity is running smoothly). This person can direct simulated patients to the assigned room
- Create a grid (example below) for the interview schedule, and post it on the flipchart. A copy of the grid can also be included in the participant's binder and small group facilitator's materials

Group Number	Facilitator's Name	Patient Number	Room Assignment
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	

- Instruct the small group facilitators to time this activity. The interviews should be 45 minutes, and observer/facilitator feedback about 10-15 minutes
- Account for time it will take for participants to move from main room to interview room and back
- The facilitator should also encourage the observers to take notes during the interviews. This will enable them to provide feedback using specific examples
- After the initial patient interview, simulated patients leave the room and wait in a designated area for the second part of the simulated patient exercise
- The facilitator leads the group in development of a nursing care plan

Instructions for the Simulated Patient

The text that follows can be used as a letter to be mailed to the simulated patients prior to the workshop.

You will be participating in a training workshop for tuberculosis (TB) nurse case managers. The purpose of the workshop is to help develop case management skills of TB nurses. The patient role included in this letter contains information about the TB patient you will portray. The purpose of the interview is to build rapport, assess the patient, provide TB education and develop an individualized plan of care. There are two parts to this exercise. One is an initial visit and the second encounter is a follow-up visit.

Before the Interview

- Become familiar with the patient role you will portray. Feel free to elaborate on the general background information without losing the essence of the role. Read the scenario carefully so that you can easily respond to questions during the interview
- Become familiar with the *Simulated Patient's Evaluation Form* used to assess your interactions with the interviewer. You will use this form at the end of the interview to provide feedback to the interviewer
- Arrive 15 minutes before the activity is scheduled to begin

During the Interview

- The first interview will last approximately 45 minutes. Try to remain focused on the role you are playing. The purpose of this exercise is to help the interviewer simulate the process of a TB interview. If possible, do not keep the written role in front of you during the interview
- You may challenge the interviewer, but if he or she is having difficulty, try to assist by revealing some information as appropriate, particularly if this is an inexperienced interviewer
- Act naturally and react as though you are the actual patient you are portraying. For example, your role may specify that you are a person who does not reveal much information. If the interviewer appears trustworthy and explains to you the importance of sharing certain information, you may then be more forthcoming
- React to the interviewer's interactive style. For example, if the interviewer is empathetic, you may be more willing to open up to him or her

After the Interview

- At the end of each interview take a few minutes to complete the *Simulated Patient's Evaluation Form* used to provide the interviewer with constructive feedback. After the second interview you will be asked to discuss your comments with the interviewer and include both the interviewer's strengths and areas requiring improvement. When providing feedback, start with positive aspects and then move into the areas needing improvement

Simulated Patient Evaluation Form

Please place a check mark in the appropriate column and write additional comments. Be prepared to share your ratings and comments with the interviewer and observers.

Process & Skill	Excellent	Satisfactory	Needs Improvement
Used simple language and gave clear explanations <i>Comments:</i>			
Established trust <i>Comments:</i>			
Appeared professional and nonjudgmental <i>Comments:</i>			
Appeared knowledgeable about diagnosis and treatment of TB <i>Comments:</i>			
Included you and your family in treatment plans <i>Comments:</i>			
Identified and addressed your concerns <i>Comments:</i>			
Invited your questions and checked if you understood information given to you <i>Comments:</i>			
Made you feel comfortable about sharing personal information <i>Comments:</i>			

Instructions for the Interviewer

This section will be included in the Participant Binder

This exercise simulates an interview of a TB patient. The patient interview is a tool for data gathering and patient assessment that is used as part of your responsibilities as a nurse case manager. Role-playing is a means of practicing interviewing skills in a simulated environment. It involves one person playing the role of a TB patient and another person playing the role of the nurse case manager interviewing the patient. You have received the *Patient Role* that provides information regarding the patient you will be interviewing.

Before the Interview

- Become familiar with the patient's background. This is information similar to what you may obtain from a medical record review prior to an interview
- Ask the workshop facilitator to clarify any information that you have received about the patient

During the Interview

- Use all of the skills that you would normally use in interviewing a TB patient
- You may use the *TB Interview Checklist* on page 7 as a guide
- Use the documentation forms provided or use forms from your own workplace
- Although the patient has received very detailed information about his or her role, he or she may have to rely on creativity for developing certain circumstances. Keep this in mind if the patient needs a minute to remember or devise some information

After the Interview

- You will receive feedback from your group observer(s), small group facilitator, and the simulated patient

TB Interview Checklist

This section will be included in the Participant Binder

✓ Introduction

- Introduce self
- Provide identification
- Build trust and rapport
- Explain purpose of interview
- Ensure confidentiality

✓ Information and Education Exchange During Initial Assessment

- Observe patient's physical and mental state and evaluate communication skills
- Collect and confirm the following information:
 - Demographic data
 - Other locating information
 - History of exposure to TB
 - Recent hospitalization(s) for TB
 - TB symptom history
 - Psychosocial history
 - Other medical conditions
 - Outpatient/DOT plan
 - Transportation availability
 - Barriers to adherence
 - Disease comprehension
- Provide TB education

Interviewer Self-Assessment Form

This section will be included in the Participant Binder

Indicate the degree to which you were able to gather sufficient information during the Simulated Patient exercise. Please respond to the following statements by circling the appropriate number for your response using the rating scale below.

4-Strongly Agree **3**-Agree **2**-Disagree **1**-Strongly disagree

During the interview I was able to:

- | | |
|---|---------|
| 1. Build trust and rapport with patient | 4 3 2 1 |
| 2. Listen actively | 4 3 2 1 |
| 3. Use open-ended and close-ended questions | 4 3 2 1 |
| 4. Communicate at the patient's level of comprehension | 4 3 2 1 |
| 5. Solicit patient's feedback | 4 3 2 1 |
| 6. Motivate and encourage active participation of patient | 4 3 2 1 |
| 7. Display non-judgmental behavior | 4 3 2 1 |
| 8. Develop flexibility in the interview process | 4 3 2 1 |
| 9. Identify and address patient concerns | 4 3 2 1 |
| 10. Provide adequate and accurate patient education | 4 3 2 1 |
| 11. Include patient and family in development of treatment plan | 4 3 2 1 |

Instructions for Small Group Facilitators

This section will be included in the Facilitator/Presenters Binder

- Assist Facilitator in directing small groups to interview rooms
- Act as an observer in this interview activity
- Facilitate the group's activities as a timekeeper

Part 1

- Interview - 45 minutes
- Interviewer's self-assessment - 5 minutes
- Observer's and Facilitator's feedback based on the *Observer's Assessment Form* – 10 minutes
- Develop nursing care plan for patient – 30-45 minutes

Part 2

- Interview - 30 minutes
- Interviewer's self-assessment - 5 minutes
- Observer's and Facilitator's feedback based on the *Observer's Assessment Form* – 10 minutes
- Simulated Patient feedback based on *Simulated Patient Evaluation Form* - 15 minutes
- Encourage observers to take notes during the interviews and complete *Observer's Assessment Form*
- Instruct the patient to complete the *Simulated Patient Evaluation Form* after each interview. Patient will offer feedback after the second interview
- Ask the interviewer for a brief comment about the interview. The *Interviewer Self-Assessment Form* may be utilized as a guide
- Facilitator's provide feedback as well, but allow the observer(s) to contribute as much as possible
- Participants will have approximately 30 minutes on Day 2 to finalize or adapt their care plan

Instructions for Observers

This section will be included in the Participant Binder

During the Interview

- While observing the interview, remain at a distance from the interviewer and the patient, so that you are not intrusive. However, position yourself so that you can hear the dialogue clearly and observe body language
- During the interview, complete the *Observer's Assessment Form*. The form lists processes and skills to be completed by the nurse case manager. The processes are *tasks* that the interviewer must complete during the interview and the skills are *techniques*, which are ongoing throughout the interview. Use the form as a checklist and for taking notes about the interaction

After the Interview

- There will be a feedback session after the completion of the interview. Take a few minutes to complete the *Observer's Assessment Form*
- The interviewer will talk about the process and his or her own skills and comfort level during the interview
- Review your completed *Observer's Assessment Form* with the interviewer and include both the interviewer's strengths and areas in need of improvement
- When providing feedback, start with strengths and positive aspects and then move into the areas that need improvement
- Address each element of the interview and provide specific examples
- If any areas need improvement, offer techniques to improve certain skills. Remember, the goal is to assist the interviewer in becoming more proficient while maintaining his or her confidence
- After the second interview, the patient will give feedback to the interviewer based on the completed *Simulated Patient's Evaluation Form*

Observer's Assessment Form

This section will be included in the Participant Binder and Facilitator/Presenter Binder

Complete this form when you are observing an interview. Circle the number indicating your opinion of the interviewer's performance in the following activities.

	Excellent				Poor
Established trust and rapport	5	4	3	2	1
<i>Comments:</i>					
Identified and addressed patient's concerns	5	4	3	2	1
<i>Comments:</i>					
Exhibited confidence	5	4	3	2	1
<i>Comments:</i>					
Demonstrated professionalism	5	4	3	2	1
<i>Comments:</i>					
Used simple language and had clear explanations	5	4	3	2	1
<i>Comments:</i>					
Listened carefully	5	4	3	2	1
<i>Comments:</i>					
Exhibited non-judgmental behavior	5	4	3	2	1
<i>Comments:</i>					
Made conversation flow easily	5	4	3	2	1
<i>Comments:</i>					

Information for the Simulated Patient

Patient Role # 1

PART ONE

Setting

You moved to the US in 1995. You work as a cook in a small restaurant. You live with your spouse, two children, ages 12 and 14, a 5- year- old niece. This visit takes place in the hospital just prior to your discharge.

Medical history

- ◆ You had been sick for 3-4 weeks with cough, fever and chills, night sweats, headache, loss of appetite and weight loss
- ◆ You decided to go to the emergency room
- ◆ Your doctor ordered some tests and then you were admitted to the hospital
- ◆ Results of tests: Chest x-ray abnormal; TB test positive (22 mm); HIV test negative; sputum (phlegm) test positive
- ◆ You were started on TB medication (4 drugs and a vitamin)
- ◆ You have been in the hospital for 2 weeks and your symptoms are improving so you can go home, but cannot return to work yet

Behaviors to exhibit

- ◆ You are cooperative, but have difficulty understanding everything because of a language barrier. You speak English well, but ask for clarification frequently, especially if medical jargon or colloquial phrases are used
- ◆ You are very concerned about possibly infecting your family and co-workers
- ◆ Your family and coworkers have been tested and are awaiting results
- ◆ You have no problems taking the medication

Information for the Simulated Patient

Patient Role # 1

PART TWO

Setting

This visit takes place in your home two weeks after hospital discharge.

- ◆ You are on DOT (directly observed therapy). A nurse/field worker comes to your home every day with your medication and watches you take the pills
- ◆ You ask the DOT worker to give you a four-day supply of TB medication because you have to go out of state with your spouse. Your spouse is required to appear at an Immigration Office to get a green card
- ◆ You want to go back to work soon

Information for the Simulated Patient

Patient Role #2

PART ONE

Setting

You are an adult who has been living in a homeless shelter for the past five years.

Medical History

- ◆ Diagnosed three years ago with “walking pneumonia.” At same time, you had HIV testing and were found to be positive (probably from a sexual encounter). Currently on HIV medications
- ◆ One month ago you were hospitalized for fever, cough, weight loss, fatigue, and night sweats
- ◆ Chest x-ray results were abnormal. Diagnosis of tuberculosis was made
- ◆ You are being treated for tuberculosis with four medications
- ◆ You complained of mild nausea and decreased appetite when you were in the hospital

This is your first clinic visit since the hospital discharge three days ago. Outreach worker finally tracked you down and brought you in to clinic for follow up.

Behaviors to exhibit

- ◆ You are not very good with taking your HIV meds. Now you are expected to take four different kinds of TB meds as well. You are feeling overwhelmed
- ◆ You are not happy about being “brought into clinic” by the outreach worker
- ◆ You think you had side effects from the TB medicine (nausea and decreased appetite) when you were in the hospital
- ◆ Other than the mild nausea and decreased appetite, you are feeling better (no more night sweats or fever and you have more energy) and wonder if all this medicine is really necessary
- ◆ You become angry about people around you at clinic (and in the hospital when you were there) wearing masks

Information for the Simulated Patient

Patient Role #2

PART TWO

Setting

This visit takes place at the TB clinic four weeks later.

- ◆ A nurse or outreach worker brings you your medicine three times a week and observes you taking it (DOT = directly observed therapy)
- ◆ You have missed a few DOT appointments. You do not like others knowing your business and the medicine gives you nausea
- ◆ Field worker convinces you to come to the clinic to talk to the nurse case manager today. You show up without an appointment
- ◆ You are still having some nausea. No vomiting or dark urine (if they ask)
- ◆ Your cough is improving; no fever
- ◆ Tell the nurse that you might not be able to continue staying at the shelter (you have reached maximum amount of time allowed)
- ◆ Getting decent food is a problem. You do not think you have gained any of the weight that you lost. Your clothes are still a little baggy
- ◆ You find it difficult to keep your clinic appointments straight (TB clinic, HIV clinic) and you are having trouble with transportation to these appointments

Note: If all these issues do not get mentioned, it is acceptable.

Information for the Simulated Patient

Patient Role # 3

PART ONE

Setting

You have been diagnosed with TB on two previous occasions, but you have not completed treatment for TB. You did not take the medications as prescribed and the local TB program was unable to locate you for follow up. You work as a flight attendant. Today you are at the clinic for your first follow-up visit since your hospital discharge. You need medical clearance to return to work. Your supervisor knows about the diagnosis of TB.

Medical history

- ◆ You were diagnosed with TB two years ago with when you had cough, fever, weight loss, and fatigue
 - TB skin test, chest x-ray, and sputum (phlegm) were all positive for TB
 - You were started on medication, but stopped when you started feeling better (after one month)
- ◆ One year later, you experienced the same symptoms
 - You received same tests (with exception of the TB skin test), diagnosis, and started on treatment
 - You stopped taking the medicine after two months (you felt better and it was a hassle getting medication refills)
- ◆ One month ago, you started having similar symptoms, and again a diagnosis of tuberculosis was made
 - Treatment includes four anti-tuberculosis medications that you have been receiving via DOT (Directly Observed Therapy). An outreach worker brings the medication to your house 5 times a week and watches you take the pills. You take it on your own on the weekend
 - Your cough has improved, you have gained 5 lbs., and your sputum tests are negative

Behaviors to exhibit

- ◆ You are not happy about talking to the nurse, but the only way you can return to work is with written clearance. If the nurse is empathetic, you should respond in a positive way
- ◆ You resent having to receive DOT even though the outreach worker is nice and you have lots of questions about scheduling DOT when you return to work. As a flight attendant, you may be out of town for up to one week at a time, flying through different time zones

Information for the Simulated Patient

Patient Role # 3

PART TWO

Setting

This encounter takes place one month later at the clinic.

- ◆ You received a letter from the nurse case manager asking you to come to clinic today
- ◆ You are told that you are “resistant” to 2 of the 4 drugs you are currently taking and will need an injectable form of medication (you are not sure what this means)
- ◆ You are vague about your work schedule as it relates to scheduling DOT
- ◆ When nurse tells you about the need for CT scan, you argue that your insurance will not cover it

Information for the Simulated Patient

Patient Role # 4

PART ONE

Setting

You are a “stay at home” parent/grandparent. You live with your spouse and young child/grandchild in a two-family house. Your relative lives in the first floor apartment and will help with child care while you are recuperating. You are very active in your community (civic organizations, church groups, etc.). This visit takes place in the hospital where the TB nurse case manager plans for your care after hospital discharge.

Medical History

- ◆ You had a fever for 1 week. Your fever went down after taking Tylenol, but it rises again after 2-3 hours
- ◆ Your cough started about 6 weeks ago. You are using cough drops, but recently started coughing up phlegm (dark yellow color)
- ◆ You have had weight loss of approximately 10 lbs over a 3 month period of time
- ◆ You have been told that your diagnosis is tuberculosis (based on positive chest x-ray, positive TB skin test (Your TB test in the past was negative), and positive sputum smear (test of phlegm))
- ◆ Treatment was started 10 days ago with four kinds of medications. Your fevers have stayed down without taking Tylenol

Behaviors to exhibit

- ◆ You try to be cooperative about giving information
- ◆ You are anxious to find out how and where you got TB
- ◆ You do not know very much about TB, but you want to know more
- ◆ You are very concerned about being contagious, especially as it relates to your child
- ◆ You are concerned about confidentiality. You think the health department personnel may say something about your TB diagnosis to friends or neighbors
- ◆ You feel guilty about not recognizing that your symptoms were related to TB. You thought your cough was due to seasonal allergies and weight loss was due to dieting

Information for the Simulated Patient

Patient Role #4

PART TWO

Setting

This visit takes place at your house. You left the hospital 2 days ago, against your doctor's advice.

- ◆ You left the hospital because your relative was injured during a fall and will not be able to help with your child
- ◆ You found this out shortly after the nurse visited you in the hospital
- ◆ You are cooperative, but now even more concerned about others in community finding out that you have TB
- ◆ You are still unsure how and where you got TB
- ◆ Your cough is a little better but you are still coughing up phlegm
- ◆ You feel very weak

Information for the Simulated Patient

Patient Role #5

PART ONE

Setting

You are a previously healthy person who works as a school bus driver from 6:00 am to 8:30 am and from 2:30 pm to 5:00 pm Monday through Friday. You are a single parent living with your child. This visit takes place in the hospital.

Medical History

- ◆ You have a history of asthma
- ◆ You have had a persistent cough for 1 month; 2 weeks ago, cough worsened and was accompanied by phlegm
- ◆ You have had a fever of about 100° F for one week
- ◆ You had some weight loss but you do not know the exact amount
- ◆ Three years ago, you had a positive TB skin test; chest x-ray was negative. No medications prescribed because your doctor said you were over 35 years of age and did not need them
- ◆ Four days ago you began feeling sick (fever and cough) and started having a problem with asthma. You went to the ER because you were unable to schedule an appointment with your private doctor and were admitted to hospital. A chest x-ray revealed abnormalities
- ◆ Your sputum smears were positive for TB
- ◆ Treatment for TB was started 2 days ago

Behaviors to exhibit

- ◆ You are anxious to get back to work and worried you might get fired if boss finds out that you have TB
- ◆ You are concerned about spreading TB. The windows on the bus are always shut because students ‘fool around’ and throw things out the windows
- ◆ You do not know much about TB, but you are willing to listen if nurse tries to explain your diagnosis. Hospital personnel have been using a lot of confusing medical terminology
- ◆ You have questions about medication: Why 4 drugs? Why is treatment so long? Why wasn’t I treated when I first had a positive TB skin test three years ago?

Information for the Simulated Patient

Patient Role #5

PART TWO

Setting

This visit takes place 10 days later. You are ready for discharge from the hospital.

- ◆ Nurse case manager is talking about providing “directly observed therapy” (DOT). She explains that someone will observe you taking your TB pills all at once. You really do not like the idea of being “watched over”
- ◆ You need to get back to work
- ◆ You realize now that you have poor insurance coverage because you work part time
- ◆ Most of your symptoms are better now. Asthma still a problem

Information for the Simulated Patient

Patient role # 6

PART ONE

Setting

You are a nurse who recently had a TB skin test as part of a pre-employment physical for work in a home health agency. You were born in England and moved to the U.S. at age three. Today you are at the clinic to follow-up your positive skin test. The physician examines you and prescribes INH (isoniazid, an anti-TB medication) for 9 months. Now you are meeting with the nurse case manager.

Medical History

Received BCG vaccine (this vaccine is not used in the U.S., but many people born outside the U.S. receive it and think it prevents people from getting TB) as a child and was told that any TB skin tests in the future would be positive because of this vaccine

- ◆ This is the first time you have had a TB skin test
- ◆ The home health agency insisted that you have a skin test and the results were positive
- ◆ You have no known exposure to person(s) with TB
- ◆ You do not have any medical problems
- ◆ A chest x-ray was done soon after positive skin test results and it was normal

Behaviors to exhibit

- ◆ You are convinced that the positive skin test is due to BCG vaccine
- ◆ You refuse to take the medication recommended. You have known people who got sick from TB medication (for example, nausea, problems with liver)
- ◆ You are annoyed, defensive, and afraid that you will not get the agency job because of the positive TB skin test
- ◆ After much deliberating, you agree to take the TB medication and return to clinic every month. You are still not convinced that you need the medication

Information for the Simulated Patient

Patient role # 6

PART TWO

Setting

This encounter takes place one month later at a follow-up visit. The nurse case manager interviews you and will dispense a month supply of INH

- ◆ The nurse will ask you questions about possible side effects of the medication. Be very vague at first and then admit to not taking the medication at all. You still think that there is no need for you to be treated
- ◆ The requirement for TB testing and medical evaluation has been met so you have started the job with the home health agency. Taking the medication is not required but highly recommended
- ◆ If the nurse is convincing and you feel comfortable with his/her recommendations, you can agree to take the medication

Information for the Interviewer

Case # 1

PART ONE

Setting

The patient has been hospitalized for two weeks with a diagnosis of pulmonary TB and is ready to be discharged.

Patient Profile

Patient moved to the U.S. six years ago and works as a cook in a small restaurant

- ◆ Admitted to the hospital via ER c/o cough, fever, night sweats, anorexia and weight loss
- ◆ TST = 22 mm induration
- ◆ CXR = LUL cavity
- ◆ Sputum smears 4⁺; cultures are pending
- ◆ Medications: INH, RIF, PZA, EMB, and B6
- ◆ After 2 weeks in hospital, the patient showed clinical improvement and smears changed from 4⁺ to 3⁺ to 2⁺ to <1

Information for the Interviewer

Case # 1

PART TWO

Setting

Visit takes place in the patient's home two weeks after hospital discharge.

- ◆ Patient is at home. Receiving 4 anti-TB drugs via DOT; tolerating them well
- ◆ Sputum to be collected today
- ◆ Last sputum results: AFB <1; cultures are pending
- ◆ Clinic appointment scheduled for 2 weeks from now
- ◆ TST results of household contacts: 3 children, 1 adult tested (2 children positive), CXR normal
- ◆ TST results the six contacts at work: 1 tested positive, CXR negative

Information for the Interviewer

Case #2

PART ONE

Setting

This is patient's first clinic visit since being discharged from the hospital. The outreach staff has had difficulty locating the patient. He/she has no means of transportation. To ensure that the doctor sees the patient, the outreach worker has brought him/her into clinic.

Patient Profile

- ◆ This patient who lives in a homeless shelter
- ◆ HIV-positive. On medication for HIV. Not very adherent
- ◆ Diagnosed with pneumonia three years ago
- ◆ One month ago, hospitalized c/o fever, weight loss, cough and night sweats
- ◆ CXR revealed infiltrate. Sputum smears and cultures positive
- ◆ Diagnosed with pulmonary TB
- ◆ Started on regimen of four anti-TB medications (INH, RFB, EMB, PZA) c/o nausea, anorexia diagnosed while in the hospital
- ◆ DOT arranged but not accomplished. Field staff unable to locate the patient until 2 days ago

Information for the Interviewer

Case #2

PART TWO

Setting

This visit takes place four weeks after the 1st appointment. Patient shows up without appointment. Was encouraged by field worker to come to see nurse case manager at the clinic

- ◆ Outreach worker reports that patient has not been at the assigned location for DOT on a few occasions
- ◆ DOT adherence = 72 %
- ◆ Sputum results reveal sensitivity to all four medications
- ◆ No follow up chest x-ray has been done yet

Information for the Interviewer

Case # 3

PART ONE

Setting

This is patient's first clinic visit since hospital discharge. Treatment for TB started one month ago. Patient comes to the clinic to request a letter to return to work.

Patient Profile

- ♦ Patient is employed as a flight attendant
- ♦ Patient has been non-adherent to TB treatment in the past
 - Two years ago patient had fever, cough, weight loss, and fatigue. TST, CXR, sputum smears, and cultures were all positive for TB
 - Diagnosed with tuberculosis and treatment was initiated
 - After one month, patient stopped coming to clinic for follow-up because he/she felt much better
 - One year later, patient experienced similar signs and symptoms of TB. This time took medications for 2 months and did not respond to calls and/or letters to return to clinic
- ♦ One month ago patient presented with cough, fever, weight loss and fatigue
 - CXR revealed a cavitary lesion
 - Sputum smears are positive and culture results are pending
 - Treatment includes four medications received via DOT 5 times a week. Takes by medication by his/herself on weekends
 - Cough has resolved; weight gain of 5 lbs.

Information for the Interviewer

Case # 3

PART TWO

Setting

This clinic encounter takes place one month later.

- ◆ Patient was sent a letter asking him/her to come to clinic today
- ◆ Drug sensitivities reveal resistance to INH and RIF (patient received letter about this)
- ◆ Has not been cleared to go back to work
- ◆ Follow up CXR shows no improvement of lung cavity
- ◆ Physician orders a CT scan and a change in medication, including one injectable; patient needs to be informed about this

Information for the Interviewer

Case # 4

PART ONE

Setting

Patient was hospitalized for signs and symptoms of TB. Patient is a “stay at home” parent/grandparent and has many social contacts in the community. The interaction takes place in the hospital, prior to discharge.

Patient Profile

- ◆ Previously healthy patient but was hospitalized 14 days ago for cough and fever
 - ◆ Had a negative TST in the past; it is now positive (15 mm)
 - ◆ Cough for 6 weeks, productive of dark yellow sputum x 1 week
 - ◆ Fever has resolved
 - ◆ Chest x-ray abnormal (infiltrate)
 - ◆ Sputum smear positive for AFB (3⁺) and cultures are pending
 - ◆ Four TB medications were prescribed (INH, RIF, PZA, EMB)

Information for the Interviewer

Case # 4

PART TWO

Setting

This visit takes place at the patient's home. The patient left the hospital against medical advice 2 days ago.

- ◆ Left the hospital without prescriptions for TB medications
- ◆ Did not have a follow-up chest x-ray before leaving hospital
- ◆ Sputum smears were positive; cultures are still pending

Information for the Interviewer

Case # 5

PART ONE

Setting

This is initial visit for patient. It takes place in the hospital four days after admission to ER. The patient works as a school bus driver.

Medical History

- ◆ Patient has history of asthma. Admitted to the hospital four days ago for severe asthma attack
- ◆ Had positive TB skin test three years ago; CXR WNL; not started on treatment because patient >35 yrs old
- ◆ Cough for one month; worsened 2 weeks ago
- ◆ Fever for one week
- ◆ Weight loss-amount unknown
- ◆ CXR on day of admission abnormal with cavitation
- ◆ AFB 2⁺ on sputum smears
- ◆ HIV-negative
- ◆ Four drug regimen (INH, RIF, PZA, EMB) started 2 days ago

Information for the Interviewer

Case # 5

PART TWO

Setting

This visit takes place in the hospital 10 days later. The patient will be discharged soon.

- ◆ Temperature is normal x 3 days
- ◆ Cough has improved
- ◆ CXR stable

As before, the patient's greatest concern is getting back to work.

Information for the Interviewer

Case # 6

PART ONE

Setting

This is first clinic visit for patient. The patient is a nurse who had a positive TST as part of pre-employment physical for work at a home health agency. The patient was seen by the chest clinic physician who prescribed INH.

Patient Profile

- ◆ TST result = 14 mm induration
- ◆ CXR is normal
- ◆ No cough or other signs and symptoms of tuberculosis
- ◆ History of BCG vaccine in early childhood. Born in England. Moved to U.S. at age three

Information for the Interviewer

Case # 6

PART TWO

Setting

This encounter takes place one month later at a follow-up visit. You interview the patient and plan to dispense a month supply of INH

- ◆ Patient admits to not taking the INH
- ◆ Patient is now working for a home health agency

Simulated Patient Interview #1

Remind the person playing the case manager's role that he/she has 45 minutes to interview the simulated patient using the scenario described in the handout. After the interview is complete, the patient is to leave the room and the other group members should provide 5 minutes of verbal feedback to the interviewer. After 5 minutes, the small group facilitator will provide feedback and lead into the group discussion and development of nursing care plan. Participants may either use the Nursing Assessment Form on pages 37-38 or a form used in their own workplace.

Nursing Assessment Form

Patient Name: _____ Date: _____
Address: _____ Sex: _____

Phone Number(s): _____ Race: _____

Occupation: _____ Date of birth: _____

Primary language spoken: _____

Referred by: _____

Diagnosis: _____

Vital Signs: BP: _____ Weight: _____ Pain: _____
Allergies Drug: _____ Food: _____ Reaction: _____

History of present illness (narrative)

Past medical/surgical history:

History of treatment for TB or LTBI:

Medication	Dose	Route	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TB SYMPTOMS/DATE OF ONSET

____ Cough: Productive _____	____ Non-productive _____	____ Sputum: _____	____ Hemoptysis: _____
____ Weight loss: _____	____	____ Decreased appetite: _____	____
____ Fever: _____	____	____ Night sweat: _____	____
____ Chills: _____	____	____ Fatigue: _____	____
____ Chest Pain: _____	____	____ Difficulty breathing: _____	____
____ Other: _____	____	____	____

COGNITIVE – SENSORY – COMMUNICATION

Mental Status: Alert _____ Oriented _____ Vision: _____ Normal _____ Impaired: Left _____ Right _____
____ Eyeglasses _____
____ Contact lenses _____

Hearing: _____ Normal _____ Impaired: Left _____ Right _____
____ Hearing aid: Left _____ Right _____ Speech: Normal _____ Impaired _____

ROLE/RELATIONSHIP PATTERN

Primary Support Person: _____

Phone Number: _____

Relationship: _____

LIVING ARRANGEMENTS

Private House Apartment Lives alone
 Elevator Flights of Stairs Homeless (refer to social worker)
 Lives with _____

ACTIVITY – EXERCISE

Ambulatory Gait: Steady _____ Unsteady _____

NUTRITION

Nausea Dentures: Difficulty swallowing:
 Vomiting Upper Lower None No Fluids Solids
 Change in appetite

RESPIRATORY

Respirations Normal _____ Abnormal _____

NURSING PROBLEMS

Altered respiratory status Altered nutrition Ineffective coping
 Altered health maintenance Altered communication Potential for non-adherence
 Anxiety Cognitive impairment Sleep pattern disturbance
 Knowledge deficit disease process medication
 Other _____

RISK FACTORS

Cigarettes: No Yes Packs per day _____
Duration of use _____

Alcohol: No Yes Last used _____
Duration of use/Quantity _____

Substance Abuse: No Yes Type _____
Frequency _____ Amount _____
Last used _____ Duration of use _____
Treatment program _____

HIV status: Positive Negative Unknown

PATIENT EDUCATION

Disease process Community services DOT
 Diagnostic procedures Medications Literature given
 Initial understanding of treatment plan

Nurse's Signature: _____ Date: _____

Small Group Discussion and Plan Development

Whether they remain in the breakout room, or return to the main room, small groups are to spend the next 45 minutes working with their small group facilitator to complete the nursing care plan. A sample is provided on page 40. Remind the participants that these forms will be shared with other groups, so the information should be organized and legible.

Nursing Care Plan

Patient Name: _____ **Date:** _____

Problem List:

Assessment

Nursing Diagnosis

Interventions

Expected Outcomes/Timeframe

Simulated Patient Interview #2: Follow-up

After the break, the simulated patient will return to the room for the second or follow-up interview. The participants should select two different members within their groups, one to serve as the case manager and another as the case manager's support. As with the first interview, the other members of the small group can interject if necessary. Otherwise, they are to fill out the observer's assessment forms again as they did during the first interview.

Stop the interview process after 3 minutes. Group members should provide 5 minutes of verbal feedback (this time with the simulated patient present in the room and reserving his/her comments until the end) and an additional 5 minutes of feedback will be given by the small group facilitator.

Small Group Process with Simulated Patient

At this point, the SP will share feedback with the participants who played case managers for 10-15 minutes. The SP's feedback should be given in a constructive manner, intermixing positive and negative comments and carefully explaining the specific behaviors that elicited the feedback. Feedback should be provided to group members on their professional manner, attitudes, and communication skills. The feedback should address issues such as was the case manager interested, concerned, and understanding while he/she interviewed you in the patient role.

Summary/Closure

Ask the participants, "How beneficial was it to conduct the simulated patient interviews?" and "What was beneficial about it?"