

Simulated Patient Brief — GOOCH (Sciatica) • Week 1

PATIENT DETAILS

Age	55 yrs
Name	Georgie / George Gooch
Presenting complaint	Sciatica / lumbar disc protrusion
Opening statement	I wonder if I may have sciatica

ORIGINAL SCRIPT PAGE 1

Name: Georgie/ George Gooch Age: 55 yrs

OPENING STATEMENT: "I WONDER IF I MAY HAVE SCIATICA"

CLINICAL DETAILS

A week ago, you were helping your son lift his rowing machine into the back of your large 4x4 car when you felt a sudden pain in your back. The pain was initially quite severe, and you nearly dropped the rowing machine but managed to hold on. You had to go and lie down on the sofa after struggling back into your house. The pain became a deep ache right across your lower back and after a few hours it started shooting down your right leg. For the last 3 days you keep getting shooting pains from your right buttock down the leg to the heel. You cannot work out what precipitates the pain but have discovered that lying still helps. However, you are just too busy to take to your bed. The back pain has eased off a lot to just a mild dull ache. Your right foot keeps tingling and feels rather odd. The sensation in your right foot seems altered. You feel that you cannot push off with your right foot when walking and are finding stairs difficult.

RESPONSE TO OPEN QUESTIONS

e.g. if asked to say more about the pain or what do you mean by sciatica. Describe the pain in the back and leg as noted under clinical details. Be open about the symptoms you are experiencing.

WHAT TO DIVULGE IF ONLY CLOSED QUESTIONS: ONLY DIVULGE INFORMATION ABOUT THE FACT THAT YOUR

foot feels weak when walking if asked directly about any weakness. You are expecting the doctor to explore your symptoms and if they ask closed questions you provide very short clipped answers. Patient's perspective (ICE & Feelings): Ideas: You think you have trapped a nerve in your back. "I think I have done something to my back and trapped a nerve" (Last night you spoke by telephone with a friend from school who is a consultant physician at The London Hospital. She thinks you are describing sciatica and may have a prolapsed intervertebral disc. However, you will not mention this to your GP unless specifically asked: "have you asked friends or family about your problem or consulted Dr Google?") Concerns: "I am worried that I could end up with permanent nerve damage" Expectations: 'You are expecting that the doctor will take a thorough history and examine you. You will respect their professional judgement as to how to manage your problem, but your

friend has said that you will probably need a scan. If a scan is not offered, then you will question why not. If asked about how you feel about your symptoms say that you are irritated and fed up because they are disturbing your sleep and so interfering with your work.

ORIGINAL SCRIPT PAGE 2

PAST MEDIAL HISTORY

Chickenpox (aged 11 years) Laceration of scalp (Lacrosse injury) requiring suturing (aged 20 years)
Multiple Sclerosis (Aged 48 years)

DRUGS & ALLERGIES

You are not taking any prescribed medication. You have taken some 400mg of Ibuprofen three times a day to try and help this current pain but think that it's giving you stomach ache.

FAMILY HISTORY

You have no significant family history.

SOCIAL HISTORY

You have been happily married for 20 years. You have two children, a 17-year-old son, Archie and a 15-year-old daughter, Portia. You are the wife/husband of the managing director of a well-respected, precision engineering company. Your wife/ husband is away three days a week when he/she goes to his offices in Hendon. You live in a 10-bedroom country house in the Cotswolds with over 100 acres of park and farmland. You are public school educated and your parents were both from wealthy families with a tradition of military service. You have a good network of friends and a close relationship with your sister. You are busy with being the treasurer of the local tennis club and with the charity work with the RAF benevolent fund.

IMPORTANT SOCIAL, CULTURAL OR BEHAVIORAL CHARACTERISTICS OF PATIENT

You are the husband/ wife of the managing director of a precision engineering company who previously had a distinguished career in the RAF rising to be a Squadron Leader. You have not worked since you were married as it was not necessary, and you have enjoyed a luxurious lifestyle. Prior to getting married you worked as a Personal Assistant to the Managing Director of a pharmaceutical company. Your husband/wife inherited considerable wealth from their mother when she died in a car crash a year ago. Your parents are still alive and in good health despite being in their early 80's. You were sent to boarding school, Cheltenham College, and then went to University to study English. You like everything in your life to be well organised, efficient and on time. You have been married for 20 years and have two children, Archie 17 years and Portia 15 years old. They attend boarding school. You keep yourself busy with running the local tennis club where you are the treasurer and doing charitable work for the RAF benevolent fund. In the holidays your children keep you busy but less than they used to, as they want to go off on their own with friends.

Seven years ago, you were diagnosed with Multiple Sclerosis but fortunately, it hasn't been troublesome since you went onto a new treatment, except for sometimes making you feel very tired. You like your family's GP, but their unerring ability to disrupt your diary is something that you have finally learned to joke about and make considerable allowances for on the infrequent occasions that you have been along for yourself or with your children. You are always polite no matter how irritated you are but will be forceful.

SIMULATED PATIENT NON-VERBAL BEHAVIOUR

You are smartly dressed and have excellent posture. You are polite and courteous. You are irritated by your pain but not with the doctor. Your mood is normal. You have no mannerisms. You do not need to demonstrate any symptoms.

SECOND CONSULTATION PATIENT INFORMATION

You have returned to get your scan results. You are keen to hear if there is anything they have found. You are concerned to hear the results and that the scan has advised you to see a neurosurgeon. You want to know how long the referral will take in the NHS and ask if you could be referred privately. You are due to go on holiday on a cruise in a couple of weeks and want to see someone before you go away.

ORIGINAL SCRIPT PAGE 4

INFORMATION TO BE GIVEN TO STUDENT BEFORE SEEING SIMULATED PATIENT.

Name: Georgie/ George Gooch Age: 55 yrs PMH: Chickenpox (aged 11 years) Laceration scalp (Lacrosse injury) requiring suturing (aged 20 years) Multiple Sclerosis (aged 48 years)

Current medication: None on computer – no allergies Other information recorded: Married Never smoked Alcohol consumption - 10-12 units per week. Consultations in last year: Travel clinic consultation 6 months ago

ORIGINAL SCRIPT PAGE 5

PHYSICAL EXAMINATION

Restricted ROM in lumbar spine – flexes to touch knees, lateral flexion to left 10cm above knee joint line. SLR Left 60 degrees; Right 30 degrees Right sciatic stretch test positive Reduced light touch sensation in Right L5 dermatomes i.e. lateral foot No Right ankle reflex all others easily obtained A little weakness of plantar flexion

SECOND CONSULTATION TO RELAY SCAN RESULTS AND FORMULATE MANAGEMENT PLAN

MRI REPORT

CLINICAL DETAILS: SUDDEN ONSET PAIN IN LOWER BACK WITH SIGNS OF R SIDED SCIATICA. ABSENT R ANKLE

reflex. Reduced sensation R L5 dermatome. ? Prolapsed intervertebral disc.

Report: There is mild multilevel degenerative disc disease throughout the lumbar spine. At level L5-S1 there is a diffuse disc osteophyte with a broad based 3mm right central disc protrusion, with mass effect on the descending right S1 nerve root. No spinal canal stenosis. Neurosurgical opinion advised.