PRIMARY CARE BLOCK

Simulated Patient Brief — HAWKSWORTH (Osteoarthritis Knee) · Week 1

PCB

PATIENT DETAILS

Age	62 yrs (student notes also record 60 yrs)
Name	Roy / Rosie Hawksworth
Presenting complaint	Osteoarthritis of the left knee
Opening statement	My left knee is giving me trouble Doctor.

ORIGINAL SCRIPT PAGE 1

Name: Roy/ Rosie Hawksworth Age: 62yrs

OPENING STATEMENT: "MY LEFT KNEE IS GIVING ME TROUBLE DOCTOR."

CLINICAL DETAILS

You have been having increasing pain in your left knee for about 3 months. At first it was just for a couple of days a week but now your left knee aches every day. It's worse when you first get up but eases off quickly. By the time you have finished a day at work it has become quite uncomfortable, and you have thought about taking painkillers. However, you do not like taking tablets so have only used a gel the other day that a friend gave you and it helped. You cannot remember the name, but it was an orange and white tube. The pain is not there all the time but towards the end of a long walk and now a dance session, your knee aches. It's not painful when you are sitting and has not disturbed your sleep. In the evenings when you have been sitting to watch television, it hurts when you first get up and is stiff, but after walking three or four paces it is better. Last week you were unable to dance for the whole evening. You have noticed that it's become more difficult to kneel under cars.

RESPONSE TO FURTHER OPEN QUESTIONS

e.g. "Tell me more about the problem". Describe the pain as an ache and say that initially it was only for a day or two at a time, but it's now every day after you have been standing for a while or walked a long way. You can give more information with further closed questions such as finding the gel helpful and getting pain and stiffness in the evenings after having sat for a while.

WHAT TO DIVULGE IF STUDENT USING CLOSED QUESTIONS

"I cannot remember injuring my knee Doctor" "I have not noticed any swelling"

IMPORTANT SOCIAL, CULTURAL OR BEHAVIORAL CHARACTERISTICS OF PATIENT

You are a married man/ woman with three grown up children. You work full-time at a local garage where you are the lead mechanic. You have worked as a mechanic since leaving school at age 16 years, when you commenced an apprenticeship. You married Susan/ Sid when you were 22 and have a good, loving relationship. Susan/ Sid is 60 and still working part time at a local corner shop.

You were both born and brought up in the town where you still live. You share a love of ballroom dancing and still dance at least once a week but no longer competitively. You both enjoy going for walks in the country and you enjoy doing model engineering. Recently you have built a quarter scale traction engine, of which you are very proud and used it this year at the town carnival to give children rides on the trailer. Patient's perspective (ICE & Feelings): Ideas: You are not sure what is wrong. You cannot remember injuring your knee. A friend has said that your joints are wearing out because of your age. You wonder if it's 'wear and tear' as a friend has said that at your age you are bound to have problems like this. Concerns: You are worried that if it gets worse you might not be able to dance or go for long walks anymore. If it got a lot worse, it might affect your work. Luckily, being in charge you can do more paperwork and less of the heavy work than you did at one time.

ORIGINAL SCRIPT PAGE 2

Expectations: You are expecting the GP to have a look at your knee.

HOW TO RESPOND TO EMOTIONAL SUBJECTS AND QUESTIONS

You will admit to being worried that this is something that may get worse and stop your dancing .If asked about your concerns, say that you are worried it will get worse and stop you dancing which will upset your partner.

PAST MEDIAL HISTORY

Hypertension (since age 55 years)

DRUGS & ALLERGIES

You take Amlodipine 5mg once a day No allergies

FAMILY HISTORY

Your father died aged 60 years from a stroke which his doctor said was from not having his blood pressure treated. Your mum is now aged 90 and remarkably well. She is still independent and just asks your partner to help her change her bed once a week. You have a brother with mental health problems, but he used drugs when he was younger, and you think this has affected him.

SOCIAL HISTORY

You are married with three grown-up children. You work full-time as a lead mechanic at a local garage. You have never smoked You enjoy a glass of wine, but only when you go out. You drink 4 to 6 glasses per week.

SIMULATED PATIENT NON-VERBAL BEHAVIOUR

You have a normal affect and are cheerful and pleasant in your disposition. You are walking normally.

SECOND CONSULT

You have returned to get your xray results. You would like to know what it says and what this means. You are keen to know if you will need surgery. You would like to know what is to be done

about the pain as it is affecting your work and your hobbies. You question if you need to be referred to a specialist. You wonder if it is going to continue to get worse. You are happy to take any recommendations for the management of your condition.

ORIGINAL SCRIPT PAGE 3

INFORMATION TO BE GIVEN TO STUDENT BEFORE SEEING SIMULATED PATIENT.

Name: Roy/ Rosie Hawksworth Age: 60 yrs PMH: Hypertension (since age 55 years) Current medication: Amlodipine 5mg once a day Other information recorded: Never smoked Alcohol consumption - no record Consultations in last 12 Months Sinusitis treated with Doxycycline 9 months ago.

ORIGINAL SCRIPT PAGE 4

PHYSICAL EXAMINATION

Left knee is not swollen nor warm. Skin appears normal. Small effusion detectable on sweep test. Tender over distal insertion of medial collateral ligament. Pain free range of movement with slight loss of flexion compared to right knee. Left hip has a pain free range of movement.

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SECOND CONSULTATION TO RELAY RESULTS TO PATIENT AND SHARE MANAGEMENT PLAN.

X RAY REPORT : MR/ MRS ROY/ ROSIE HAWKESWORTH LEFT KNEE (AP AND LATERAL, WB)

CLINICAL DETAILS: INCREASING PAIN IN L KNEE MAINLY AFTER ACTIVITY. NO PREVIOUS INJURY.? OA

Report:

Narrowing of the joint space is seen with evidence of osteophyte formation and subchondral sclerosis.