PRIMARY CARE BLOCK

Simulated Patient Brief — ROBINSON (STI and Confidentiality) · Week 5

PCB

PATIENT DETAILS

Name	Lucas Robinson
Presenting complaint	STI and confidentiality

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FACILITATOR NOTES: LUCAS ROBINSON

The aim of this simulation is: 1. For students to deal with a challenging patient 2. Explore confidentiality within the healthcare setting The debrief and discussion following this case is important to ensure that all students have an understanding of some of the principles of dealing with challenging cases and also to explore when disclosure of confidential medical information may actually be necessary.

Below are some useful resources for this case: Confidentiality: good practice in handling patient information - professional standards - GMC (gmc-uk.org) Sharing information with family members - ethical learning material - GMC (gmc-uk.org) Disclosures for the protection of patients and others - professional standards - GMC (gmcuk.org) Managing challenging interactions with patients | The BMJ Dealing with Angry Patients & Relatives | Communication | Geeky Medics

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Actor Notes: Name: Lucas Robinson Age: 40 years

OPENING STATEMENT: ‘ I WANT TO KNOW WHAT’S BEEN GOING ON WITH MY WIFE’

Information to be given away after further open questioning: Two weeks ago you returned from a stint away from home. You now have pain on urination and discharge from your penis. You think you have a sexually transmitted infection and you are adamant that you have been faithful to your wife, especially as there are no women on the oil rig and you would never do anything like that as you love your wife and are a man of strong morals. You know your wife came to see the GP last week and you want to know why. You have asked your wife and you don’t believe her story. You now suspect that she is having an affair and that you have caught something from her, you cant think of any other reasonable possibility. You state to the doctor/ student that they must tell you as they have a duty to inform you as it is something that could effect your health. Information to only divulge on direct questioning: You have previously had a sexually transmitted infection, this was before you met your wife so you ‘know the symptoms.’ This was successfully treated. For the last couple of days you have been experiencing pain whenever going to pass urine. You have also noticed some green discharge, you have not noticed any blood. No increased frequency of urination, no fever, no abdominal or back pain. You are eating and drinking as normal and your bowels are normal for you. You have no other symptoms in any of your other body systems. Ideas: You think your wife has been cheating on you and given you a sexual transmitted infection

Concerns: That you wife is not being truthful Expectations: That the doctor will give you information on what your wife attended with Feelings: You are angry that she could have been cheating on you, you work very hard and must be away for work but this means you bring home good money to support your family so you can all have a nice home and lifestyle. Past medical history: Appendectomy – appendix removed 10 years ago Chlamydia infection – 15 years ago Medication- Nil

FAMILY HISTORY- NIL

SOCIAL HISTORY

Married for 12 years- no children Oil rig worker- spends 3 months away / 2 months home

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Smoking- Never smoked Alcohol- 2 pints of beer every evening when home, no alcohol when away for work (as not allowed alcohol on the Rig)

IMPORTANT SOCIAL, CULTURAL OR BEHAVIOURAL CHARACTERISTICS

You thought that you had a good relationship with your wife and you trusted her while you were away. You don't tend to argue and you feel you have a comfortable life. You recognise it is difficult being away (for both of you!) but you do it for the good of you both. The thought that your wife could have been unfaithful had never previously crossed your mind until now. You have never been physically or emotionally abusive to your wife. You are someone that stands by their morals and now feel betrayed. Demeanour: You initially are polite and open about why you are there; you are happy to discuss your own symptoms IF the doctor/student asks about them. The student/ doctor should NOT give you any information on why your wife was at the surgery, what she was diagnosed with or what her treatment was. If they do disclose this information then you thank them and say you know they should not really have told you and that you know the doctor could get in trouble but you really appreciate it. If the student/ doctor will not give you any information on why your wife was at the practice you become increasingly frustrated with them, trying every way possible to get just a little information from them. If the student/doctor does not handle the situation with tact/ does not discuss some options for the investigation of your symptoms then ultimately you start to raise your voice at the student/ doctor. If you reach this point you should pause, appear to take a big breath to regain composure and say ' well you are obviously not going to help me' → and walk out. If the doctor approaches the refusal to give you information with tact and not only explains the reason why they cant give you information but also discussed with you some potential options and brings the consult back to your symptoms and the need to assess you and investigate you then you are open to further tests. You are still obviously frustrated but more amenable to discussion.

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Patient Record (to be given to student)

Linked household patient records: Name: Pammy Jaimeson Age: 38 years Past medical history: Chlamydia infection- 2 years ago Migraines – Dx 10 years ago – Tx: Sumatriptan PRN Last 3

consultations: 3 days ago- Letter from GUM clinic – Diagnosis: Gonorrhoea – Treatment: IM Ceftriaxone and STAT oral Azithromycin. Declined contact tracing assistance. 1 week ago – Dysuria, increased vaginal discharge and post coital bleeding, triple swabs taken. Advised to see GUM clinic 1 year ago- Contraception review- Progesterone only pill- advised to think about LARC.

Name: Lucas Jaimeson Age: 40 years old Past Medical History: Appendectomy – appendix removed 10 years ago Chlamydia infection – 15 years ago Medication- Nil

FIGURES AND INVESTIGATIONS FROM ORIGINAL SCRIPT

Figure from original script (page 4)