A Same-Sex Couple Copes with End-of-Life Issues

A Case Materials Guide

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Introduction

Enclosed Material

- Introduction / Background information
- Facilitator’s Guide, including Case Summary, Learner Instructions, and Facilitator Notes; and Standardized Patient (SP) Case Materials
- Feedback from Faculty to SP Form, Feedback from SP to Faculty Form, Advanced Medical Interviewing Course Evaluation Form, Advanced Medical Interviewing Facilitator Feedback Form, and Advanced Medical Interviewing Student Evaluation Form

Educational Objectives

- Describe the unique challenges and situations that Lesbian, Gay, Bisexual, and Transgender (LGBT) patients may encounter in the healthcare setting, as well as when facing end-of-life issues
- Recognize that despite these unique situations, not all aspects of the care of LGBT patients are centered on the patient’s sexual orientation or gender identity
- Identify and attempt to overcome personal biases and assumptions
- Practice conducting a patient interview in a sensitive, respectful manner

Purpose of the Materials

Medical students in the United States receive a median of only five hours of instruction on LGBT-related health topics during medical school.\(^1\) The topics that are typically covered include medical conditions that disproportionately affect the sexual minority population, such as depression, anxiety, substance use, and certain sexually transmitted diseases.\(^2,3\) However, it is important to recognize that sexual minorities may face unique barriers to healthcare including discrimination and lack of access to providers who are sensitive to and competent in addressing
their needs.\textsuperscript{4} Furthermore, policy surrounding medico-legal challenges, such as advanced directives and visitation rights, vary by region and institution and may not adequately represent the needs of same-sex couples. This case was developed in order to (1) allow students to practice interacting with a same-sex couple in the healthcare setting, (2) expose students to a realistic illustration of some of the unique medico-legal challenges faced by same-sex couples, and (3) remind students that people in the LGBT community face medical issues other than those related to their sexuality.

**Development of Case Materials**

The second-year Advanced Medical Interviewing (AMI) course at the University of Pittsburgh School of Medicine (UPSOM) utilizes standardized patient encounters to teach about and foster practice in higher-level communication skills that are necessary to navigate difficult patient encounters. A total of 12 cases used in the course cover a variety of topics aimed at helping students communicate with diverse patient populations, including adolescents, parents of sick or dying children, people with mental disabilities, and those with substance abuse issues, among others. Other cases challenge students by presenting strong emotions or cultural differences. Specifically, two cases that had been used for several years in the school’s Medical Interviewing courses portrayed sexual minority individuals as promiscuous and engaging in other high-risk behaviors. In 2011, the current course directors of Advanced Medical Interviewing identified that the way that health issues affecting the LGBT community were represented in the medical interviewing courses was an area in need of improvement. In addition, a standardized patient who identifies as gay and who has experience acting in the course raised similar concerns. Around the same time, a then third-year medical student who also identifies as gay contacted the course directors regarding his efforts to improve the representation of LGBT issues in the UPSOM curriculum. Given this momentum and interest, these key players along with the leadership of the standardized patient program at UPSOM decided to rewrite an existing case to feature a same-sex couple, in order to highlight the societal, cultural, and legal issues faced by LGBT people navigating the healthcare setting. The AMI case that had traditionally called for the actor to play a LGBT person with a sexually transmitted disease was, in turn, changed to portray a heterosexual individual.

Since the standardized patient involved with this project had personal experience dealing with the medico-legal challenges that occur with the death of a same-sex partner, the case chosen to be rewritten was one that formerly featured the portrayal of a dying heterosexual man. The medical student and the standardized patient, who were felt to be experts in the issues being addressed, did the majority of the rewriting.
in order to create an authentic case. They conducted a literature and policy review, consulted local healthcare providers who have high volumes of LGBT patients, and drew upon the standardized patient’s personal experiences to complete the revision.

The authors recognize that not all institutions that may be interested in developing a standardized patient case addressing LGBT issues will have a gay-identifying SP or student willing to work on the case. Other options for increasing the authenticity of a case may include surveying clinicians or students about their own interactions with LGBT patients in order to identify realistic scenarios and challenges encountered. Additionally, consulting with a local or national LGBT health organization, such as the Gay and Lesbian Medical Association, may be helpful.

**How the Materials Have Been Used**

These materials have been used in the setting of Advanced Medical Interviewing, a course for second-year medical students at the UPSOM. In this course, students take turns interviewing standardized patients in a group, with a faculty member facilitating feedback. For this case, three to four students each have a turn to interview the patient and his/her partner over a 45-minute period of time.

**Methods Used for Standardized Patient Training**

Experienced SPs were invited to attend a four-hour workshop in order to role-play the case and gain perspective on how to genuinely convey the issues faced by the “patient” and partner. Case materials included specific information regarding the culture, social history, background regarding the relationship, and other relevant details. Additionally, the SP who had assisted in the materials development attended all trainings to guide the portrayals and to answer questions from a personal perspective.

The SPs also practiced their ability to reinforce learner skills by their responses during the encounter, e.g., providing more information or relating more openly when specific skills were used, while also interacting realistically with each other as same-sex partners. Specifically, the SPs watched for and responded to the following learner skills: inquiring about and acknowledging the relationship of the couple early in the interview (including non-verbal cues), engaging the partner in the conversation, actively listening to both patient and partner, avoiding the giving of false hope or guarantees regarding diagnosis to the couple, using empathic statements, and validating the concerns of both. The dynamic of working with another SP in this partnership required practice as it introduced the new dynamic of working in tandem.
If the learners did not utilize the skills identified, the patient or partner would pull back from the interaction and give signals to the learner that his or her needs were not being attended to. This method provides the facilitator with visual material essential for discussion in the group setting.

To ensure understanding of the educational objectives described above, a “Facilitator’s Guide” was created which lists the objectives as well as suggestions for how the student could improve rapport during the interview. These suggestions include an emphasis on respectful language, verbal acknowledgement of the patient’s same-sex relationship, and support in dealing with end-of-life care and decision-making. This guide was used by the SPs and facilitators to stay on track and to focus learning on the objectives as defined. The guide includes the SP case and is given to all participating facilitators before the course begins.

Senior standardized patients assigned to this case were also invited to attend the facilitator training which served the purpose of vetting the case in order to promote understanding and collaboration in identifying the layers in the material.

Standardized patients are also trained to provide feedback for students in a way that is learner centered and learner / facilitator driven. With the assistance of the faculty facilitator, the learner formulates one or more questions for the SP after each interview. The SPs are trained to answer the question from the patient’s perspective, keeping in mind the learning objectives and level of learner. The SP answers the question(s) and provides individualized examples of specific skills and how those skills impacted the SP as a person. Feedback is to be focused on changeable behaviors and is always to be specific and reflective, while providing a balance of positive and constructive comments.

Prior to this event the SPs have had basic feedback training in which the fundamentals of helpful feedback in any activity are outlined and practiced. The basic training discusses the following elements of effective learner feedback: Feedback should refer to what is observable (what you actually saw and heard rather than assuming); Feedback should be specific (use examples), focused on a changeable behavior, and it should reflect how learner skills impact the SP as a person (link skill with impact). In the training immediately prior to the Advanced Medical Interviewing Course, SPs practice building on basic feedback skills (above) by focusing on how to quickly prioritize, how to listen to facilitator and student comments to inform decisions, and how to incorporate the case learning objectives into individualized feedback.

In addition to the above outline of the standardized patient training methods used at
our institution, the authors invite those interested in adopting the case to consult the following resources for more information on standardized patient.5-8

Methods Used for Facilitator Training

Facilitator training for the AMI course occurs on a yearly basis, approximately one month prior to the course. Training takes place over a four-hour period of time; it is conducted by the course directors and provides course faculty with the opportunity to role-play in the facilitator role. This case was introduced into the curriculum during the 2011-2012 academic year. As such, it was chosen as a featured training case for the 2011 facilitator training sessions. Each faculty participating in the course was invited to attend one of two scheduled training sessions; during each session this case was portrayed by two SPs of the same gender, while a third SP portrayed a medical student. The course directors and the case writers were present to answer questions and elicit feedback about the case content, while ensuring that the faculty members’ comfort with and confidence in the case were on a par with other cases used in the course. Faculty are also introduced to the feedback forms that they will use to evaluate students during this training. These forms can be found in the appendix.

Data to Support the Content of the Materials

The authors conducted a review of the literature on LGBT health topics as well as national, local, and institutional policies. They also consulted local healthcare providers who have high volumes of LGBT patients and drew upon the personal experiences of the medical student and standardized patient to complete the revision. Selected references are available in the References section.

The case contains reference to some specific limitations to same-sex partner benefits that apply in Allegheny County, PA, but may not apply in other locations. The authors encourage those who adapt this case to investigate and include examples that are relevant in the region where the case is used.

Narrative Feedback from Actual Use of the Materials

Below are quotes from a standardized patient, faculty, a course director, and students, regarding this case. The evaluation tools used by participants in the course from which these comments were taken can be found in the appendix.

SP Comments (Case Specific)

“The facilitator patiently persisted to lead each student to recognize and deal with the unspoken issue in the room - that we are a gay couple and this poses concerns and problems specific to gay couples in such circumstances.”
Faculty Comments (Case Specific)
“extremely realistic and believable”
“fairly and emotionally well-demonstrated relationship”
“believable portrayal without being a caricature or stereotype. Awesome.”

Course Director Comments (Case Specific)
“Working with LGBT content experts exponentially enhanced the quality and validity of this case as an educational tool. The model of collaborating with those from the community (i.e., folks who have personal experience with the cultural context in which this case takes place) is one that we will use with other new cases we develop. After this experience, doing otherwise would seem sub-par.”

Student Comments (From Overall Course Evaluation)
“The cases were interesting and VERY realistic. They brought up interesting topics that my group actually discussed on our own outside of class like drug use, rape, confidentiality, end-of-life care, etc…”
“Some of the cases were really good, e.g., the rape case, STD, and breaking bad news.”

Suggestions for Other Use and Lessons Learned
This case could be adapted for use in clinical clerkships for third- and fourth-year medical students as well as for residents, fellows, and even faculty in certain settings. Since the case contains material that requires the ability to recognize and deal with emotion and to address sensitive health topics, the case is not for beginning medical students. However, a case involving a same-sex couple or a single patient representative of the sexual minority community without the added challenges of the discussion of end-of-life care may be suitable for an introductory course on medical interviewing.

This course employs a learner-centered approach, using a group process to allow students to seek direction from their peers and the facilitator as needed. Facilitators need to be thoroughly coached on how to make sure a small group focuses on behaviors to be reinforced and also not to be didactic. Facilitators should understand the use of SPs and positive feedback to enhance the small-group experience. Limitations to this methodology may include cost and the availability of well-trained standardized patients. Essentially, these methods and limitations were no different for this case than for any of the other cases in the course.

One potential obstacle that was anticipated but did not occur was discomfort among standardized patients with various religious and political beliefs in portraying a patient...
in a same-sex partnership. While the authors recognize that being a sexual minority is not by itself a political behavior, issues surrounding sexual minorities have a tendency to elicit strong responses from various political and religious groups. One explanation is that the educational objectives of the case encourage self-reflection and awareness of legitimate, documented issues faced by patients, but do not promote a political agenda. In addition, we believe that the case scenario is a realistic representation of one that may be encountered in the hospital, so potential discomfort was limited by the objective nature of the fact-based case materials.
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Facilitator’s Guide and Standardized Patient (SP) Case Materials

Facilitator Notes
  Case Summary
  Learner Instructions
  Facilitator Notes
Standardized Patient (SP) Case Materials
FACILITATOR’S GUIDE

Case Summary
(not to be shared with learners)

Name of Patient: Chris Garner

Name of Patient’s Partner: Jordan St. Pierre

Complaint: Metastatic Lung Cancer / End-of-Life Decisions

Target Group: Medical students, physician assistant students, nurse practitioner students who have completed an introductory level medical interviewing course

Length of Patient Encounter: 45 minutes, can be adapted to be shorter or longer

Type of Case: Teaching, Communication, History Only

Learner Instructions
(to be shared with the interviewing learner prior to the interview)

You are on Inpatient Medical Service and have just started your third-year clerkship. You have been assigned to Mr. / Ms. Garner as a patient to follow. You are interviewing him/her to be able to assume your role as a part of the team. S/he has been in the hospital for two days because s/he can’t seem to keep any food down and has lost thirty pounds in the past month. You have been told that his/her prognosis is very poor.

Facilitator Notes
(not to be shared with learners)

This patient is over 50 years old and is in a same-sex relationship with Jordan, who is currently visiting. Chris was initially diagnosed with lung cancer two years ago and after a lobectomy with curative intent, metastases were found last year. Chris feels s/he has been given a terminal prognosis.

Chris’s primary medical concern at this time is a severe pain in the lower back which has resulted in increasing leg weakness. There is also general weakness, nausea, and anorexia.

In addition, Chris and Jordan are concerned about the potential for discrimination in the healthcare setting, as well as the financial and legal challenges that affect same-sex partners regarding healthcare and the death of a partner.
The Educational Objectives for this case are as follows:

- Describe the unique challenges and situations that Lesbian, Gay, Bisexual, and Transgender (LGBT) patients may encounter in the healthcare setting, as well as when facing end-of-life issues.
- Recognize that despite these unique situations, not all aspects of the care of LGBT patients are centered on the patient’s sexual orientation or gender identity.
- Identify and attempt to overcome personal biases and assumptions.
- Practice conducting a patient interview in a sensitive, respectful manner.

Learner interviewing skills to which the patient would respond positively are the following:

- Inquiring about the relationship between the patient and partner in a respectful manner early in the interview.
- Acknowledging and engaging the partner in the conversation.
- Actively listening to the patient and partner.
- Avoiding giving false hope or guarantees regarding prognosis.
- Using empathic statements and validating the concerns of the patient and partner relating to the difficult situations they are encountering.
STANDARDIZED PATIENT (SP) CASE MATERIALS
Chris Garner
A Same-Sex Couple Copes With End-of-Life Issues

The occupational history information for a CPA that was used in SP training for this case, as well as other social histories, can be obtained from the Social History Compendium, developed by the Advanced Clinical Education Center of the University of Pittsburgh School of Medicine with funding by the Association of Standardized Patient Educators (ASPE). ⁹

Case Summary
You are over 50 years old and have a same-sex partner, Jordan. You’ve been in the hospital for two days because you haven’t been able to keep any food down in the last couple of days and have lost thirty pounds over the last month due to lack of appetite.

Recently (three months ago), you moved into a new home with your partner and you would like to fix it up, but you feel too weak. Over the past couple of months you have been able to do less and less and now you spend much of your time just sitting.

Your primary concern at this time is a severe pain in your lower back, which has resulted in increasing leg weakness. You also complain of general weakness, nausea, and loss of appetite.

Your challenge as the standardized patient is threefold:
• To appropriately and accurately reveal the facts about Chris’ health and social history
• To observe the learner’s behavior while you are performing this case
• To accurately recall the learner’s behavior and be prepared to give specific feedback based on the teaching points of the day

Presentation / Emotional Tone
Chris (the patient): Chris’ presentation / emotional tone could be described as follows:
You are sad.
You are lethargic.
You are discouraged about whether you will ever get well.
You are worried about your partner and your children and how your death will affect
them, especially regarding uncertainty surrounding the unique legal and financial challenges that people in same-sex relationships face when one partner dies.

You are hopeful for a remission, but you are lackluster when talking about that possibility; you are afraid it’s too late. You recognize that there is a high likelihood of death, and on one level you are resigned to this.

**Jordan (the partner):** If the learner acknowledges you and the fact of your partnership, you would feel free to ask questions.

You try to gauge how your partner is taking the news and offer support, e.g., offer verbal support or hold your partner’s hand. (Holding hands or any physical contact between partners is only to be made if a “comfortable and understanding atmosphere” has been established by the learner.)

You are primarily there to support your partner and act as his or her primary caregiver. Sometimes your partner “shuts down” and you know there are questions that the two of you would like to have answered, e.g., “Are we at the point where a cure is unlikely or impossible?” “If a cure is not possible, what is our next step?” “Are there any trials for new treatments?” “How do we know when to stop treatments trying to cure the cancer?”

If a learner ever asks for Jordan to leave the room, **Chris** should respond, “No, I’d prefer for Jordan to stay— anything we talk about is okay in front of Jordan.”

Remember.....the learner needs to be able to see a correlation between his or her behavior and your comfort level in talking about the situation.

**Scenario Development**

Chris Garner will be wearing a hospital gown (over your street clothes). Jordan St. Pierre will be wearing casual attire. Both partners are wearing wedding bands.

In response to the question, “**Why are you here today?**” you answer:

“I was admitted because I’m having so much trouble keeping any food down. I’ve lost 30 pounds in the past month. I really need to be able to eat properly in order to get my strength back.”

In response to an open-ended question referring to Jordan, such as “**Who do you have with you today?**,” you answer:

“This is Jordan.”

In response to closed-ended questions, such as “**Is this your sibling,**” you answer:

“No, this is Jordan.”
Progression of information disclosure: You are nervous about revealing the nature of your relationship with Jordan because of bad experiences in the past. You do not volunteer that Jordan is your partner and would answer by using your partner’s name, for example, by saying, “This is Jordan.” Both partners seem apprehensive and distrustful until the learner puts you at ease. If the learner asks how Jordan is related to you or what your relationship is, you would discuss the fact that Jordan is your partner.

Give windows to allow each learner to work on using empathy, respect, reflective responses, and open-ended questions, in regard to your anxiety and discomfort about the situation you are in. The learners need to verbalize in some way that they understand the nature of the relationship, for example:

- Acknowledging your relationship in some way, by naming it or asking about it in a respectful manner
- Helping you feel that you can trust them not to judge you, especially with your relationship with Jordan
- Being sensitive to the clues that there is more going on. You would tell them, gradually, the global problems this condition is creating for you.
- If the learner asks what terminology to use regarding your relationship with Jordan, you prefer the term partner to boy/girlfriend and are grateful that the learner asked.

Do not volunteer much at first. Allow learners to set the stage. Your silence is a clue to them that this is seriously affecting every aspect of your life.

If Chris becomes overwhelmed with emotion, Jordan would jump in to help answer questions.

If the learners exhibit these skills you would share, in bits, personal details. The following should be expressed in a very sad or ambivalent manner that gives no indication of your level of acceptance regarding your approaching death:

- “I had so many plans for myself and my partner once the kids were out of the house. I was thinking about joining a tennis club and helping with some of the community volunteering opportunities I have through work. But I just feel too sick to do anything.”
- “I have so much to live for...we just moved into a beautiful new house and I was looking forward to landscaping it. Maybe I’ll go into remission. I don’t want to die.”
- “I read in a magazine that cancer patients shouldn’t eat too much protein. Oh, I don’t know why I even bother reading those articles. What’s the use? I can’t even
manage to keep myself alive.”

• “What will happen to Jordan if I die? There is so much uncertainty around the state of our finances.”

You experience the following events as sad, but you do not talk about them in terms of your own impending death:

“This has been a tough year. My mother died of a brain tumor and my good friend died of cancer. It’s just so sad.”

If a learner were to approach you too soon, with direct, closed-ended questions that inhibit the flow of what’s going on and don’t tap your emotions, you would minimize your anxiety and discomfort.

Past Medical History (Description of Illness)

Two years ago (initial diagnosis): You were diagnosed with non-small cell lung cancer. You had a dry cough that wouldn’t seem to go away for about nine months. When one night you began to cough up a small amount of blood, Jordan drove you to the emergency room. A chest x-ray showed a mass in your right lung and you were scheduled for a bronchoscopic biopsy the following week.

Your biopsy was performed under general anesthesia and showed stage I non-small cell lung cancer in the right middle lobe. You had a right middle lobectomy using a minimally invasive technique. You and your doctors were hopeful that this would be curative. Recovery from the surgery was painful, but generally uncomplicated and you were able to return to work in 6 weeks.

One year ago: They found more cancer at a routine follow-up, this time in your liver and in the bones of your back and right hip. Biopsy showed metastasis of the cancer. You underwent chemotherapy that left you feeling weak and nauseated. On your daughter’s insistence, you asked for a second opinion, and your oncologist sent you to Sloan-Kettering in New York. Sloan-Kettering was for a “second opinion.” There they reviewed your medical records and diagnostic tests. They performed an upper endoscopy (you might call this a “stomach scope test”) which did not show a reason for the nausea. They concluded that there is no other chemotherapy, radiation, or surgical treatment options that can be offered to you. They suggested that perhaps some experimental chemotherapy treatments might be considered….and told you to go home and talk to your regular oncologist about this. During that visit you experienced a sobering event. One of the nurses, while taking a social history, discovered that Jordan was your same-sex partner. It caught both of you off-guard
when she asked if you have a living will and if “Power of Attorney” had been formally set up since you are not legally married. You had never thought about this.

The follow-up with your oncologist confirmed that there are no traditional treatment options on the table, only experimental options. Jordan worries that this is when “Chris began actively dying.”

**Current Medical History (Description of Chris’ Symptoms)**

**Pain:** Severe pain in your left low back and legs. You have weakness in that area due to the pain. If asked to rate your pain on a scale of 1 to 10, you would rate it an 8, but you don’t like to complain. With your pain medication the pain level goes down to a 6.

**Vomiting:** During this hospital stay you vomited up to 10 times per day for the past 2 days. This situation has been stabilized since this morning with a new combination of antiemetics. The doctors gave no explanation for this occurrence and that concerns you.

**Difficulty sleeping:** You are having difficulty sleeping every night because you ache all over. It is making you frantic.

**Depression:** You and Jordan have been seeing a psychologist to help you deal with your depression. He suggested medication, but you decided against it because you don’t like to take pills. He gave you some other ideas such as journaling, meditating, finding relaxing music to listen to, and thinking about matters related to your spirituality, such as talking to people you haven’t talked to in years or coming to peace with mistakes you’ve made. You’ve enjoyed meditation. The psychologist has been very helpful and understanding and you have never felt judged regarding your relationship with Jordan. You feel that he treats you and Jordan like he would treat any couple. You appreciate this because you feel that you are just like any other couple and it angers you that you feel like you have to deal with more challenges during this difficult time than heterosexual couples.

**Medications**

**Prescription drugs:** You take a Dilaudid 2 mg pill every 3-4 hours; you like the Dilaudid because it doesn’t make you sleepy. Due to the vomiting, Dilaudid is now being received through an IV, along with other fluids to help with the dehydration.

**Nerve block:** Since you’ve been in the hospital you have had one nerve block to try to relieve the pain in your back. This is a local injection that blocks the nerve pain.
Sexual History
You have been in a monogamous relationship with your partner for 15 years and have been faithful. You have no reason to think that your partner has not been faithful to you. When you first began dating you practiced safe sex, but after two negative HIV tests (6 months apart) you and your partner no longer felt a need to practice safe sex. Your sex life has drastically declined since being diagnosed and is basically nonexistent.

Lifestyle/Habits
Alcohol: You used to love beer from microbreweries and would have one or two per week. Since your cancer diagnosis you have not had any alcohol.

Tobacco: Quit 10 years ago, 1 pack/day for 20 years before that.

Caffeine: 1 cup of coffee in the morning.

Diet: Soup (a few spoonfuls), crackers, rice, maybe some toast. You are just not hungry. You feel like you’re wasting away. After a few bites of anything you start to feel nauseous.

Exercise: You took long walks with your partner, played tennis, and enjoyed outdoor-type vacations before you got too sick. Now it is hard to just get to the bathroom or bedroom each day.

Stress: Examples of what you might say: “The whole thing is stressful. I mean, I probably won’t see my youngest daughter get married or any other grandchildren. I can’t even be there when my partner is upset or stressed because physically I feel so bad. I’ve heard my partner crying in the shower; thinks with the water running I can’t hear the sobs. Yes, I’m stressed, I think about these things all the time. I worry about the strain that taking care of me will put on my partner and my kids. I can see that my partner has lost weight and looks exhausted. I worry about the financial strain my partner will be under without my salary. How can Jordan work and take care of me? I hate the fact that my partner will have to pay inheritance tax on everything we have together.” I had really hoped we would see the day when we could legally get married. We had a civil union ceremony in Vermont many years ago, but that holds no legal weight here in Pennsylvania.”

Even though you have not had any overtly bad experiences with healthcare workers concerning your relationship, you are nervous every time you reveal your sexual orientation. This is more a result of coming out very late in life and having a few uncomfortable encounters in the past few years. Even though you live your lives as an
openly gay couple, it is still something that is very present in your minds. You’re never quite sure how people will respond.

In April 2011, President Obama issued an executive order prohibiting Medicare-participating hospitals from denying visitation rights to same-sex partners. You are happy that you have the law on your side, if there are any future incidents, but you are still fearful, and it upsets you that you have to worry about these issues during such a difficult time.

You have always been a person who found the strength to move forward and focus on the task at hand. You don’t complain about the pain or fact that you no longer are able to live life the way you would choose to, but it’s hard to remain positive.

**Hobbies:** Used to enjoy tennis, reading, theatre, and traveling.

**Personal / Family History**
You were married for 15 years in a heterosexual relationship. Together you have three kids. You denied your homosexual feelings due to social and family pressures and felt that you just had to meet the right person and everything would be fine. Your former spouse is a good person and parent. After several years of feeling abandoned and lied to, your former spouse now can be quite civil and understanding. The two of you find common ground in raising your children and take great pride in them.

Fifteen years ago you met your current partner and moved in with one another one year later. Although you did not have sex while still married, meeting your current partner was the beginning of the end of your marriage. You met at a “Career Day,” at a university where your partner is a professor. You were asked to come and speak about being a C.P.A.

**Jordan’s Perspective:** Jordan teaches at a local university and has been able to put you on the health plan through the university. The two of you had to provide proof of a joint bank account, joint ownership of property, and sharing the same address, in order for the university to recognize your relationship. Your company’s health insurance was getting drastically scaled back, and the paperwork involved in all your cancer treatments was astounding.

Jordan has already scaled back work in order to have more time to focus on your health. Conversations with the head of your partner’s department about an unpaid leave have been started even though this will pose some financial hardship. You hate the feeling that Jordan’s life is being put on hold in order to take care of you. You
always liked the feeling of taking care of others.

Jordan is not a great believer in alternative medicines or treatments but would never say anything if you wanted to try something. He/she doesn’t interfere when your oldest daughter has researched and pushed alternative treatments but also doesn’t want to live in denial of the reality of the situation. You both know the day is coming when the doctors will say there is nothing else they can do. Jordan is very conflicted, not wanting you to spend your remaining days in a hospital having radiation and chemo, but by the same token doesn’t want to give up. Both of you saw how your mother ended up dying in a hospital totally focused on only fighting the cancer. She would not accept that there were no other treatment options and never gave up.

Jordan has also seen how hard chemo can be on you, sitting up with you while you were vomiting in the middle of the night. Jordan has witnessed your almost total drain of energy, your weight loss, and your rapid aging over the past few months. Living with an illness day to day, it is not always easy to see how great the changes are; but coming across a vacation picture taken two years ago, the changes that have occurred were shockingly apparent. Jordan feels that the attitude towards fighting cancer is often the same as going to war - it is only honorable if you fight till the bitter end. What does that do to your final months/days? Is it just as honorable to prepare yourself and your loved ones for death? Your partner knows that the doctors are all about healing and life but shouldn’t death be considered a part of life?

Your wishes: You would like to remain at home as long as possible and don’t like the thought of dying in a hospital. Things have progressed fairly rapidly and you have not had time to set up Power of Attorney or a Living Will—in actuality, the paperwork has been sitting on a desk at home, incomplete ... maybe you have been subconsciously avoiding dealing this, seeing it as an admission of the end of your battle with cancer.

You have not spoken to a palliative care doctor yet. You have worked at putting your personal affairs in order, including prepaying for cremation and a memorial service. You have always been a person who takes pride in being prepared.

Your three children: You have three children—two daughters and a son.

Your oldest child, daughter Jessie, is married with a 3-year-old child. Jessie, lives nearby and had a very close relationship with you while growing up. The divorce was very hard on her and she has not totally come to terms with the revelation of you being gay. None-the-less she is very concerned about your condition and spends a lot of time researching alternative treatment, experimental therapies, and new approaches to cancer. She believes there is something out there that will cure you and
intends to fight this to the very end. Your daughter does not seem to be able to accept that you may die. She keeps trying to talk you into other treatments.

Your son Terry, the middle child, lives out of state. He is married with no children yet, but they are trying to get pregnant. He often calls to ask how you are doing, but when you start to talk about the pain and how hard it has been, he tends to change the subject or has to end the phone conversation.

Your youngest daughter, Amy, will be starting college next year. She has been the most supportive of your new life and relationship. She has several gay friends and gets along quite well with your partner. She stays with you every other weekend, but your “ex” has supported her spending even more time at your home.

Occupation: Chris works as a Certified Public Accountant for a small accounting firm that specializes in retail, manufacturing, and education. Your current health issues have made it increasingly difficult to keep up with work. You have done more and more work from home but have started to scale back, even on work at home. You just do not have the energy and it is increasingly more difficult to get around.

Education: Four-year degree in business with an emphasis in accounting. Obtained CPA license.

Adjunct material about being a CPA: Typical day. See the Interview of a Certified Public Accountant in the Social History Compendium.9

Family Medical History (Chris)
Your mother died from a nonmalignant brain tumor one year ago. She had been diagnosed with a brain tumor about a year previously and it progressed rapidly with confusion, dizziness, nausea, and vomiting so that she couldn’t eat. After several hospitalizations she ultimately ended up dying in the hospital.

Your father died of stomach cancer twelve years ago.

An aunt on your mother’s side had breast cancer.

No siblings.

**Note: Any questions NOT covered in these materials, you should answer in the negative."
3

References


References

9 Advanced Clinical Education Center of the University of Pittsburgh School of Medicine. Social History Compendium. Available at: (http://www.omed2.pitt.edu/aspe/). Accessed April 3, 2013.

4

Appendix

Feedback from Faculty to SP Form
Feedback from SP to Faculty Form
Advanced Medical Interviewing Course Evaluation Form
Advanced Medical Interviewing Facilitator Feedback Form
Advanced Medical Interviewing Student Evaluation Form
Feedback from Faculty to SP

Part 1: Use of Primary Teaching Method (PTM)

How often did this SP mirror the steps of the PTM in this session?

<table>
<thead>
<tr>
<th></th>
<th>Every Student</th>
<th>Most Students</th>
<th>Few/No Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reacted to student skills in a manner that supported the learning goals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Included student’s “stuck point” in the feedback given to student</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gave student a balance of constructive and supportive feedback</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reinforced feedback given student by peers and facilitator</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rewarded student skill during portrayal</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rewarded student attempt of suggested skill</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reported specific, observable behavior in response to feedback question</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Part 2: Comments

Strengths of this SP/what worked well:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Areas in which this SP can improve/what didn’t work well:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Did the SP touch base with Faculty member before and after the session?

_________________________________________________________________________________________________
Feedback from SP to Faculty

Part 1: Use of Primary Teaching Method (PTM)

How often did this faculty use the following steps of the PTM in facilitating this session?

<table>
<thead>
<tr>
<th>Step</th>
<th>Every Student</th>
<th>Most Students</th>
<th>Few/No Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elicited learning goal from student</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asked student why he/she timed out (defined/clarified “the problem”)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Elicited positive feedback from student</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Elicited positive feedback from group</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asked student for solution to problem</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Elicited ideas for solution from group (if applicable)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Prepared student to time back in with solution</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Timed out student as soon as solution was successful</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Elicited a feedback question from student for patient</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asked student for a take-home point from encounter</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Part 2: Comments

Strengths of this facilitator/what worked well:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Areas in which this facilitator can improve/what didn’t work well:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________
Advanced Medical Interviewing Course Evaluation (Fall 2011)

Course Information

Course Name: MED 5234 AMI - Advanced Medical Interviewing
Department: Office of Medical Education

Note: Questions marked with * must be answered.

Overall assessment of the course:

1) The course was well organized. *
   - [ ] to a very high degree
   - [ ] to a considerable degree
   - [ ] to a moderate degree
   - [ ] to a small degree
   - [ ] hardly at all

2) The course emphasized the clinical relevance of interviewing skills. *
   - [ ] to a very high degree
   - [ ] to a considerable degree
   - [ ] to a moderate degree
   - [ ] to a small degree
   - [ ] hardly at all

3) The course addressed its stated learning objectives. *
   - [ ] to a very high degree
   - [ ] to a considerable degree
   - [ ] to a moderate degree
   - [ ] to a small degree
   - [ ] hardly at all

4) I had ample chance to practice interviewing. *
   - [ ] to a very high degree
   - [ ] to a considerable degree
   - [ ] to a moderate degree
   - [ ] to a small degree
   - [ ] hardly at all

5) Instructors in this course treated me with respect. *
   - [ ] Strongly Agree
   - [ ] Agree
   - [ ] Neutral
   - [ ] Disagree
   - [ ] Strongly Disagree

6) Instructors in this course treated others (staff, other students, etc.) with respect. *
   - [ ] Strongly Agree
   - [ ] Agree
   - [ ] Neutral
   - [ ] Disagree
   - [ ] Strongly Disagree
7) The amount of verbal and written positive feedback I received on my interviewing was: *
   - Too Much
   - Just Right
   - Not Enough

8) The amount of verbal and written constructive criticism I received on my interviewing was: *
   - Too Much
   - Just Right
   - Not Enough

9) Standardized Patient Short Cases.*
   - very much
   - to a moderate amount
   - very little
   - unable to judge

10) Standardized Patient Long Cases.*
    - very much
    - to a moderate amount
    - very little
    - unable to judge

11) Standardized Patient feedback.*
    - very much
    - to a moderate amount
    - very little
    - unable to judge

12) Faculty comments during time outs.*
    - very much
    - to a moderate amount
    - very little
    - unable to judge

13) Watching other class members do interviews.*
    - very much
    - to a moderate amount
    - very little
    - unable to judge

Contribution of course components to your learning and understanding:

Course Directors / Lecturers / Facilitators
14) Faculty who served as Facilitators were effective.*
   - to a very high degree  - to a considerable degree  - to a moderate degree  - to a small degree  - hardly at all

Course quality:

15) Overall quality of the course.*
   - Outstanding  - Good  - Satisfactory  - Fair  - Poor

Comments:

16) Please comment on the STRENGTHS of the Advanced Medical Interviewing Course.

17) Please comment on the WEAKNESSES of the Advanced Medical Interviewing Course.

18) Please comment on CHANGES that should be made to the Advanced Medical Interviewing Course.

Thank you for your feedback!
Facilitator Feedback

Student Name ___________________________ Date: ______________

Faculty or SP Facilitator Name ___________________________

1. What went well during this student interview? (What specific skills or tools were used? Were there “roadblocks,” and if so, how were they overcome?)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. What specific behaviors could have better facilitated this interview?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**ADVANCED MEDICAL INTERVIEWING**  
**STUDENT EVALUATION FORM**

Student Name: ___________________________  
Group No: __________________

Faculty Names: ___________________________

<table>
<thead>
<tr>
<th></th>
<th>Honors</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHECK APPROPRIATE BOX</strong></td>
<td><strong>Superior Performance</strong></td>
<td><strong>Very Good Performance</strong></td>
<td><strong>Satisfactory Performance</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal Interviewing Skills</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Interviewing Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class Learner Skills:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**GRADE: (check one):**

___Honors Consistently superior participation in interview and class discussions; provides valuable feedback to peers; demonstrates superior interpersonal skills and excellent interview organization skills; takes risks; stands out in class group.

___Pass  
- **Very good performance** - Very good participation in class, shows obvious improvement in skills to a level beyond basic competence; shows evidence of knowledge of text; open-minded and flexible in response to feedback.
- **Satisfactory performance** - Satisfactory participation in class discussion and interviews; sufficient competence to conduct most aspects of the interview; takes feedback non-defensively; shows evidence of reading the text; should continue to grow in skill with more practice.
- **Needs improvement** - Problems conducting a basic interview exist; low level or quality of participation in class discussion or interviews; problems with communication, responding to affect or self awareness exist; problems using feedback exist; may need particular attention paid to interviewing skill development (remediation) in subsequent courses.

___Fail Failure to attend, engage or participate in the course to the extent that skills in interviewing cannot be assessed or are inadequate to progress in the Patient Doctor Block. Remediation, outlined above, should occur before block is satisfactorily completed.

**Mandatory Comments**

General statement: ___________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(Turn page over to continue)
Student Name: ____________________

What the student did well: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Areas for Improvement: _________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

________________________________________ (Faculty Signature / Date)

________________________________________ (Faculty Signature / Date)