CURRICULUM DEVELOPMENT USING VR TECHNOLOGY TO ENHANCE EMPATHETIC COMMUNICATION SKILLS IN FUTURE HEALTH CARE PROFESSIONALS

APPENDIX 2

ADDITIONAL ROLE PLAYS

Table of Contents

ADDITIONAL ROLE PLAYS

Additional Scenario 19 (A1): Mother of child with vomiting and slow weight gain

Additional Scenario 19 (A1): Mother of child with vomiting and slow weight gain
Type of scenario: Role Play
Institution: UNIC

A. Learning objectives

The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:

1.1 Understanding empathy and qualities/competencies necessary for empathy

2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments.

B. Student's/ learner's Instructions and Task

You are a medical student in year 5 or 6 of a six-year medical programme. You are currently doing your General Practice (GP) placement. The GP is running late and has asked you to speak to Mrs Maria Spirou before he/she comes to see her. Mrs Spirou has requested an appointment with the doctor for her 5-month-old daughter Teresa as she is worried about her weight gain.

Medical Notes:

Teresa Spirou – 5 months old (modify DoB as appropriate).

Past medical history:

Eczema -treated with emmolients.

Antenatal/Postnatal history:

Normal Pregnancy

Failed Induction of labour at 40^{+5} - CS delivery

No post-natal problems.

Immunizations:

Up to date (modify as per country's recommended immunization schedule).

Growth:

As per growth chart – Appendix 1.

Student Task:

Take a detailed history from Mrs Spirou regarding the presenting complaint and explore her concerns in regards to Tereza's health.

C. SP Scenario

Basic details:

You are Maria Spirou, the mother of 5-month-old Teresa. You are a school teacher currently on maternity leave. You are married to Andreas who is a lawyer. You arranged to visit your GP to discuss your concerns about Teresa following a visit with the health visitor.

Appearance and behaviour:

You are in your early thirties, casually dressed. You are a social person and happy to talk to the student since your doctor is running late. In fact, you do not mind this at all - you do not often have the opportunity for adult conversations these days. You also hope that the student doctor will have more time than the doctor to deal with your concerns about Teresa. You appear anxious about Teresa's weight problem, especially since you will soon have to go back to work and want to make sure that she is well.

History:

Opening statement (the first sentence that the SP says upon prompting from the candidate):

'I am worried about Teresa. Her vomiting is not getting better and the Health visitor has told me that she is now not growing well.'

Freely divulged to medical student/ doctor:

Teresa has been vomiting after meals since she was 1 month of age. You have been mentioning this to the health visitor during her vaccinations' appointments. The health visitor was reassuring to you as it is not unusual for young babies to vomit after meals. She suggested holding her upright for an hour after her meals but this has not helped with the vomiting

You have become increasingly concerned as:

- the vomits are getting bigger and more frequent
- she has not put much weight during the past 1-2 months.

Divulged to medical student/ doctor if specifically asked:

- Vomits are milky, sometimes just a spoonful but sometimes can be large – her clothes become very wet –need to change her
- Vomits usually within an hour post feed: 5-6 times a day
- No blood/bile in vomit. Vomiting is not forceful.
- Stools – not changed – mustardy colour and consistency – 1-2 times daily. No blood in stools.
- Breastfed exclusively: about 7-8 times every day
- 4-5 wet nappies daily –no change in colour or odour
- Not had any fever, cough or being unwell.
- Vomiting does not cause discomfort to baby.

Past Medical history:

Teresa has baby eczema which currently is not very well controlled with emollients.
No other past medical history of note.

Antenatal/Perinatal and postnatal history:
This was your first pregnancy which was planned and uneventful. All tests performed in pregnancy were normal. You did not have any medical problems during pregnancy.
Induction of labour five days post expected date of delivery as baby was overdue. Cervix did not dilate and thus ended up with Caesarean section after 10 hours of failure to progress in labour.
No problems post-delivery. Birth weight 3.4 Kg.

Medication history:
Vitamin D drops.

Immunizations:
Teresa has had all the vaccines so far as per the invitations of the health visitor.

Development:
If asked about her development – say that you have think she is developing well and that the health visitor has not mentioned anything about her development.
I asked specifically you can confirm the following:

- She can sit up with support.
- When standing, supports weight on legs and might bounce
- She can roll from her back to her stomach and vice versa.
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with “m,” “b”)
- Responds to other people’s emotions and often seems happy
- Likes to look at self in a mirror
- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Social history and cultural background (including ideas, beliefs, etc):
You live with your husband and Teresa in a flat. You are currently on maternity leave but will need to return back to work in about a month.

Both you and your husband are non-smokers and you only drink alcohol occasionally. In fact you have not drunk any alcohol since you have become pregnant.

Family history:
Both you and dad are well. If specifically asked, confirm that there is no family history of reflux. Father had eczema as a baby and still has allergic rhinitis in spring. Grandparents are all alive and well.

Ideas, concerns and expectations:
You are very worried about Teresa. You have tried your best to give her a perfect start in life and were very happy to see that she was growing well on your breastmilk. However, you do not know what could be causing her vomiting. Although she does not seem to be bothered by it, you are now worried that it is affecting her growth. To add to all this, you feel guilty about going back to work and leaving her at the

nursery but your husband is not very supportive of the idea of staying at home on unpaid leave. You have a loan payment which is difficult to pay with just his salary. On the other hand, your husband works very long hours and is not around to help with the demands of having a new-born who is demanding in terms of feeding but also in terms of needing clean clothes 3-4 times a day.

Personality of the mother and how to react to empathetic and non-empathetic behaviours:
You are usually a positive lively person. You are very excited with the fact that you have become a mother and you are enjoying this new role although you find it tiring at times and lonely. Your friends have not got children yet and you miss out on socialising with them. You also enjoy your job and want to go back but feel guilty about living Teresa at Nursery.

If the student shows empathy e.g. explores, recognizes, acknowledges and validates your concerns, explains information clearly in a non-judgemental way, shows that he is interested in you, allows you to talk and he listens actively, has eye contact with you whilst you are having the discussion, is encouraging and supportive to you, then you feel more freely to talk to him/her, build rapport with him/her and you share your concerns about Teresa's weight problem and your wish to stay at home and care for her for a bit longer until her vomiting problem resolves (rather than go back to work).
If the student does not explore your concerns or dismisses them, then you become tearful and more anxious about Teresa's problem and insist on asking only about the possible diagnosis "what could cause all this vomiting" "is there something wrong with her bowels?"

Examination:
not applicable.

Proposed Management:
The student will explore the presenting complaint (low weight gain associated with vomiting) and should explain the following:

- Vomiting after meals is a frequent problem in young babies – usually it is associated with overfeeding (baby being greedy) or with mild reflux
- Reflux is very common due to the fact that (a) babies have an immature opening to the stomach which allows food to go back into the food tube, (b) their food is milk (liquid and thus easier to reflux) and (c) babes lie down most of the time (gravity usually helps with reflux)
- When babies have small amounts of vomiting (sometimes even posseting) that does not affect their growth or cause any discomfort to them, then there is no need to investigate further – the usual advice is to hold them up after feeds for the food to start digesting before lying them down, feeding them smaller amounts more often or adding milk thickeners to their food (powder to make milk clog in the stomach and thus more difficult to reflux).
- When babies however have vomiting that affects their growth, causes discomfort or other symptoms then it merits further investigations.
- In the case of your baby, vomiting does not seem to cause discomfort or feeding difficulties. In terms of the growth, there are 3 parameters we measure: height, weight and the head. She has been growing nicely along the 75^{th} centile up until 3 months of age.
- The student should explain what 75^{th} centile means for Teresa - amongst 100 children of her age, her height, weight and head circumference are higher than the 75. This reflects her genetic make up and her feeding. We usually expect babies to follow their own centile and we monitor their growths by looking at any diversions from that centile.

- However, for the past 2 months, her weight has fallen to the 50th centile meaning that her weight gain has slowed down. Her height and head circumference have remained unaffected.
- Thus, it is important to investigate the cause of her vomiting that could be causing her weight gain to slow – the GP will be able to provide you with more details on investigations.
- Most likely diagnosis is still reflux but usually reflux improves with age (not in this case). If it proves to be a more challenging form of reflux, then there is medication to help with easing it down.
- Another possibility, given the strong history of allergies in family and Teresa's own history of eczema, is the vomiting to be caused by allergy to cow's milk proteins. Despite Teresa being breastfed, proteins from mother's intake of milk products can pass into the breastmilk and cause her inflammation to her bowel and reduced absorption of breastmilk (thus slower weight gain). In that case the treatment is to remove milk products from the mother's diet and continue to breastfeed. If the mother finds that difficult, the baby is switched to a "special" formula milk that does not cause allergies.
- The student might not be able to provide all information regarding the differential diagnosis (depending on stage in her/his studies) but he/she should be able to acknowledge the fact that the vomiting in association with flattering of growth warrants attention.
- He/she should be explaining that this is not unusual for babies and that in most cases once the cause of the vomiting is identified and dealt with, the child continues to grow normally. The development of the child is not affected.
- The student should be complementing your effort to breastfeed your child and at no point should he/she make you feel bad or even imply that the vomiting was caused by your diet and thus your milk has been hurting your child
- The student should also acknowledge and validate the difficulties you are facing as a new parent and the changes in your life and recommend parenting groups to meet other parents for support

Patient responses to proposed treatment (ICE):

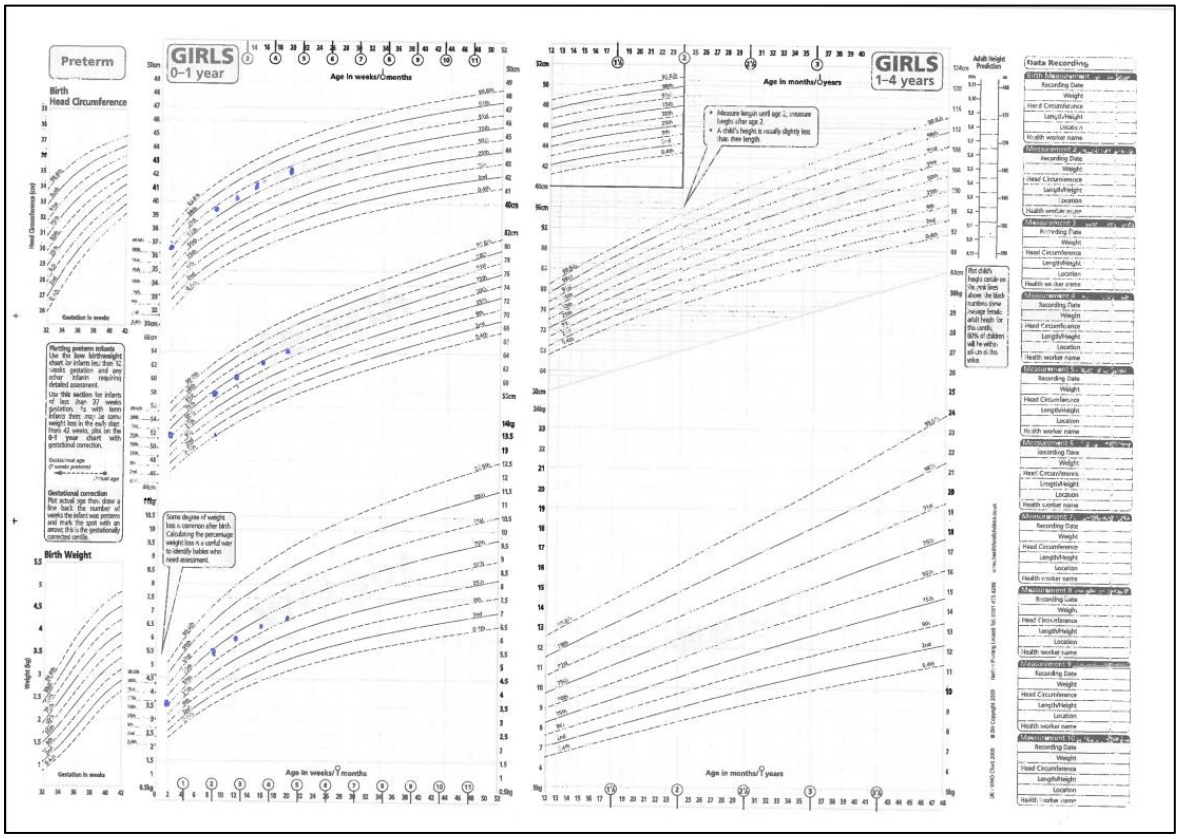
If the student explains information clearly and shows empathy (as discussed above), then you should engage in an honest discussion, express your concerns about Teresa and feel reassured about the proposed management options.

If the student shows (a) no interest or respect, (b) does not explore, acknowledge or validate your concerns, (c) provides an unclear explanation of possible diagnosis/management, (d) suggests that there is nothing wrong with your child and suggests that all is down to "your anxiety as a new mum" then you dismiss/ignore/question his/her suggestions and say that you prefer to get the doctor's advice as he/she is just a medical student.

Closing the consultation:

By the end of the consultation, you and the medical student should agree that Teresa's weight gain has slowed down a bit in the last two months and that warrants further investigation and management according to the diagnosis. The student should thank you for taking the time to talk to him/her and invite you to share with the GP the information discussed with him/her.

Appendix 1: Weight chart and measurements



Weight
Birth – 3.4 Kg
2 months – 5.4 Kg
3 months – 6 Kg
4 months – 6.5 Kg
5 months – 6.8 Kg

Height:
Birth: 50 cm
2 months: 58 cm
3 months: 60.5 cm
4 months: 62cm
5 months: 64 cm

Head Circumference
Birth: 35 cm
2 months: 39 cm
3 months: 40 cm
4 months: 41 cm
5 months: 42 cm

Additional Scenario 20 (A2)A2: Child with sore throat and fever

Additional Scenario 20 (A2): Child with sore throat and fever
Type of scenario: Role Play
Institution: UNIC

A. Learning objectives

The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:

1.2 Understanding empathy and qualities/competencies necessary for empathy

2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments.

B. Student's/ learner's Instructions and Task

You are a medical student in year 5 or 6 of a six-year medical programme. You are currently doing your General Practice (GP) placement. The GP is running late and has asked you to speak to Mr Demetriou who is visiting with his son Hector. Hector has been unwell for a few days and Mr Demetriou requested an urgent appointment.

Medical Notes:

Hector Demetriou– 8 years old (modify DoB as appropriate).

Past medical history:

Tonsillitis treated with co-amoxiclav (3 episodes in last 8 months). Last episode was 2-3 months ago. Hector had a throat swab that confirmed the presence of streptococcus, sensitive to co-amoxiclav.
Viral upper respiratory tract infections as a baby.

Antenatal/Postnatal history:

Normal Pregnancy
Born at 39/40
Normal vaginal delivery
No post-natal problems

Immunizations:

Up to date (modify as per country's recommended immunization schedule). Declined catch up vaccinations with meningococcal and pneumococcal vaccines.

Growth:

Growing nicely along 25th centile.

Student Task:

Take a detailed history from Mr Demetriou and Hector regarding the presenting complaint and explore his concerns in regards to Hector's illness.

C. SP Scenario

A. Peter Demetriou

Basic details:

You are Peter Demetriou. You are visiting the GP surgery for an urgent appoint that you requested for Hector, your 8-year-old son. You are a graphic designer and work for a private company. Your wife is an accountant and is very busy. You are the one that spends more time with the kids but you enjoy it.

Appearance and behaviour:

You are in your early forties, casually dressed. You are an easy-going person and happy to talk to the student since your doctor is running late. You are a bit concerned about Hector's recurrent throat infections, you think they might be a result of him missing on a couple of new vaccines but you are hesitant to talk about it as you know your wife will not be happy about this and the doctor might tell you off.

History:

Opening statement: ***'Hector has not been well for the past 3 days. He has high fever and lies on the sofa all day.'***

Reveal freely with open questions

- Hector complained of a sore throat and pain on swallowing when he came back from school 3 days ago.
- Next day he developed mild fever and refused to eat but was still playful and energetic.
- Gradually over the past 36 hours his fever became more frequent and lasts longer.
- He is refusing to eat food (occasionally eats a couple of spoons of soup) but drinks milk and other fluids.

Only reveal if specifically asked to:

- Has complained of abdominal pain a couple of times but you thought nothing of it.
- He does not have a runny nose or cough.
- No diarrhoea/vomiting or urinary symptoms.
- No rash/ neck stiffness or headache.
- Frequency of fever: every 3-4 hours, can go up to 40°C, his temperature is above 38°C for most of the time of the day even if antipyretics are given.
- Very miserable and quiet when feverish.
- Has generally not been himself in the past 36 hours, not playful, quiet, miserable.

Past medical history:

Nothing of note – he was seen for viral coughs and colds in the past.
In the past 8 months, he had 3 throat infections (last one 2-3 months ago). Hector had a throat test that showed some bugs and thus was treated by the doctor with antibiotics for tonsillitis.

Antenatal/Perinatal/Postnatal history:
Uneventful pregnancy – normal scans
Born at 39/40
Normal vaginal delivery/ no postnatal complications
Breastfed for about 1 year.

Immunization History:
Hector had all his vaccines up to age of 4-5 when he went to pre-school. Since then, you received an invitation for him to have a couple of new vaccines for meningitis and pneumonia but your wife does not want your child to have any more vaccines. She has read very bad things about vaccines. You do not agree with her and would like your son to have all his vaccines. You are worried that he might have now caught a very bad infection just because he is not immunized.

Family History:
You and your wife are healthy. You also have a 3-year-old girl who is well.

Drug history:
Not on any regular medication.

Social History:
You live with your wife and 2 children. Hector attends primary school. He is now in third grade. He is doing ok at school. He is straggling a bit with maths but you are not worried as you were not good at maths either. He has missed a few weeks of school this year and you are worried that this might affect his school work.

Development:
You never had any concerns about his development. The health visitor and GP assessments have always been good. Teachers are happy with him.

Personality of the father and how to react to empathetic and non-empathetic behaviours:
You are usually a positive optimistic person. You are a confident father and you are enjoying being their main carer of your kids after school. You usually take care of them even when they are unwell and take them to their medical appointments. Of course, you inform your wife about the outcome of your discussions with the doctor and other health care professionals. You were surprised but also disappointed that your wife turned down the invitation for vaccinating Hector against the meningitis and pneumonia bugs. But your wife was insisting and as you do not like confrontations, you decided to go along with her decision.

If the student shows empathy e.g. explores, recognizes, acknowledges and validates your concerns, explains information clearly in a non-judgemental way, shows that he is interested in your concerns, allows you to talk and he listens actively, has eye contact with you whilst you are having the discussion, is encouraging and supportive to you, then you feel more freely to talk to him/her, build rapport with him/her and you share your concerns about the immunization issue and the possible connection with Hector recurrent throat infections.

If the student does not explore your concerns or dismisses them, then you become distant and insist on asking only about the reason of his recurrent infections and whether he was not given the right medication to get rid of the bug on previous occasions.

Examination:
Not applicable.

Proposed Management:
The student will explore the presenting complaint and discuss the following:

- Suggest that the most likely diagnosis is tonsillitis.
- Offer another throat swab and course of antibiotics to treat current infection.
- Might discuss criteria for tonsillectomy (which Hector does not fulfil yet) – so if he/she suggests that this is one of the next management options, then you question it and say that the GP told you that a tonsillectomy is not required until a child has had a few episodes of tonsillitis for a couple of years.

If the student explores your concern in regards to the vaccinations:

- he should explain that the bug causing the tonsillitis episodes is not one that is prevented by these vaccines
- he should offer you an opportunity to discuss your concerns and thoughts about vaccines in a non-judgemental way in a future appointment, or offer you information to read etc
- The student should also acknowledge and validate your feelings about the disagreement with your wife and encourage you to talk to your GP about it

Patient responses to proposed treatment (ICE):
If the student explains information clearly and shows empathy (as discussed above), then you should engage in an honest discussion, express your concerns about Hector and feel reassured about the proposed management options. The student should involve Hector in gathering information and should show interest in him.
If the student shows (a) no interest or respect to you or Hector, (b) does not explore, acknowledge or validate your concerns, (c) provides an unclear explanation of possible diagnosis/management, (d) suggests that the tonsillitis is because of the lack of vaccines, or you not giving the antibiotic properly or is judgemental about your decision not to vaccinate Hector with the new vaccines, then you dismiss/ignore/question his/her suggestions and say that you prefer to get the doctor's advice as he/she is just a medical student.

Closing the consultation:
By the end of the consultation, you and the medical student should agree that Hector has probably got another bout of tonsillitis that he will need treatment with antibiotics. He should encourage you to discuss with your doctor your concerns about Hector not having the new vaccines and should explain that the tonsillitis episodes are not related to Hector not having them. The student should thank you for taking the time to talk to him/her and invites you to share with the GP the information discussed with him/her.

C. SP Scenario

B. Hector Demetriou

You are Hector Demetriou, 8 years old. You visit the doctor because you have not been feeling very well for the past 3 days.
You have a sore throat and pain on swallowing for 3 days ago.
You feel hot at times.
You have a sister who is 3 years old. You live with both of your parents.
The students might ask you some questions about your school, hobbies, friends, favourite football team etc. Please reply as to what applies in your case i.e. the name of your school, grade etc.
If the student asks you any question that you do not understand or do not know the answer to just turn to your Parent SP to answer that.

Additional Scenario 21(A3): Communicating with an elderly and their carer-information gathering

Additional Scenario 21(A3): Communicating with an elderly and their carer-information gathering
Type of scenario: Role Play
Institution: UNIC

A. Learning Objectives

The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:

1.3 Understanding empathy and qualities/competencies necessary for empathy

2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments.

B. Student's/learner's Instructions

This is a session with two simulated patients per group (a parent with the relative). The scenario tackles the issues of how to communicate with a carer to elicit information about the patient. A carer is someone that knows the patient well and can give additional information about the patient (e.g. a family member, a friend, a caregiver, a neighbour, social worker). The role of the carer is important as individuals with a neurological problem or a cognitive impairment (such as memory problems) may not be able to share information about the nature, extent and degree of their problems.

In the scenario, the patient will be able to provide some information to the student but the carer (relative) will need to step in to complement that information. **Students will need to seek consent from the older adult if it's ok for the accompanying person to be present and to contribute during the consultation if required.**

Student Task

Mr/Mrs Leonidas/Leoni Charalambous has noticed some problems with his/her hearing so he/she has come to see the GP; he/she is accompanied by his/her nephew/niece who can help with the information if needed.

You are a final year medical student at your GP placement and your GP has asked you to practice your information gathering skills with the patient. The patient and the carer will be seen later by the GP (who may refer the patient later to an audiologist or an ENT surgeon for further tests).

Your tasks are to:

- Take a neurological history from the patient
- Address any concerns the patient and the nephew/niece may have.

C. SP Scenario

Basic details:
You are Leonidas/Leoni Charalambous a 68 year-old male/female and have come to see your GP accompanied by your **niece/nephew:** Constantina/Constantinos Adamou (please use your own age). The details for the niece/nephew will be found at the end of this document.

Patient's Appearance and behaviour:
You are dressed casually with clean clothes and you are very polite and composed. You speak a bit loud and slow; if the student rushes and/or you don't understand what they are saying ask them to slow down and speak clearly.

History:
You have come in today with your niece/nephew Constantina/Constantinos because your hearing has been progressively deteriorating. You can hear a buzzing in both ears which started 5-6 months ago. You have noticed that there was a problem with your hearing some time ago (1-2 years ago; both ears are affected but sometimes the right ear is worse), that you couldn't hear as well as you used to, but in the last 5-6 months things are much worse particularly hearing from your left ear (you are not deaf though).

You find it increasingly difficult to hear other people clearly and understand what they say, especially in group situations so you came with your niece/nephew to the doctor to help you with the consultation and the questions.

Opening statement (the first sentence that the SP says upon prompting from the candidate): 'I've a bit of a problem with my hearing so I came to see the doctor'

You introduce your niece/nephew to the student saying 'She/He is my niece/nephew and she/he came with me to help me with the questions'. Overall, you speak a bit louder than normal and you ask for the questions to be repeated.

Freely divulged to doctor:
See below Effect on life.

Divulged to doctor if specifically asked:
You have no health problems and no surgeries. Upon asking you, you say to the student 'I don't understand, can you repeat?' On the second time, you still do not answer and you turn towards your niece / nephew; **niece / nephew steps in and say 'as far as I know there are no health problems and he/she had no surgeries'**.

Personality of the patient and how to react to empathetic and non-empathetic behaviours:
You are a person that values respect, hard work and straight talk. You also appreciate people and in this case doctors who are able to show genuine motivation to help others, provide adequate time to listen to patients like you and accommodate their difficulties like yours. If your doctor student does not have the skills and competencies to understand and get to the bottom of your health problem with empathy then you show it both verbally and non-verbally. See below for specific expressions.

- **Ideas and thoughts**

You think that your hearing has been affected because of your work in the factory. Although you were wearing ear protectors you worked so many years there that inevitably had a negative impact on your hearing.

- **Concerns**

You are mainly concerned about how this problem affects your daily life and activities. You are also concerned if the damage is permanent and what the options are to fix it.
If the student elicits your concerns in a respectful way and provides reassurance that the medical team will do their best to help you, you relax and say 'Thank you, it's reassuring because it's so frustrating not being able to hear properly and my niece/nephew is so worried about me'.

- **Expectations**

You want to know about the extent of the problem and what you can do about it/what your options are.

Effect on life:
If asked by the student about the impact of this problem on his/her life, the patient looks towards the niece /nephew who steps in talking to both the student and keeping eye contact with the patient: you (the niece/nephew) are increasingly worried as it's becoming difficult to contact your uncle/aunt, hardly answers the phone (which wasn't the case a few months ago) and can't hear the doorbell. The TV is quite loud when you visit him/her. He/She is becoming more tired and stressed when he/she in social gatherings which is so unlike him/her as he/she always enjoyed the company of other people and be in social gatherings. He/she once told her that he/she feels isolated and perhaps a little bit down as he/she feels left out from the things he/she enjoys in life.

If the patient is not asked by the student about the impact of his hearing on his/her life, then the nephew/niece steps in the conversation and volunteers the above information in a quite worried tone/tense body language. You relax when the student acknowledges and validates your concerns (e.g. *'I can see you are worried/concerned about your uncle/aunt and the changes you are noticing, other people in your position would have felt the same'*) and provides reassurance (e.g. *'we will do our best to find out the extent of the problem and see what options are available to help him/her get back to his normal activities*'); you can then say *'It's good to know this, thank you, we are really close and we don't want anything happen to him/her'.*

Medical history:
Same as above in history.

Medication history:
You take no medication; if the student speaks slowly/clearly or writes the question down then you answer; if not then **your niece / nephew steps in and says *'he/she takes no medication'.***

Social history and cultural background (including ideas, beliefs, etc):
You were working at a factory making drilling machines for over 30 years and retired at 65 (2 years ago). It was a noisy work environment. You like going out with your friends which you find increasingly difficult now as most of the times you can't engage in conversation so easily particularly when in a

crowded space. You start to feel isolated and you are not happy about this hence you are seeking professional help if there is something that can be done about your hearing.

The answers to the questions below (if asked) are given by the niece /nephew (while talking she is looking at the patient):
Eating: you eat healthily most of the time as you enjoy cooking
Hobbies: you like going for long walks, you have a dog and you enjoy his company, you feel fit.
Drinking: a glass of wine every night and a couple of beers when seeing your friends (1-2 times per week)
Smoking: no

Family history:
You live in Nicosia and you have 2 adult children (one male 26 and one female 28) that live abroad; you are divorced. You have 1 sister that lives in Limassol, you have good relationship with her and try to see her often. She is in good health. Your dad has passed away; your mum (95 years old) lives in a nursing home in Nicosia and you visit her often. She has dementia and you have been the main caregiver up to a year ago when her condition got worse and you were not able to help her as much as you could. There are no other family members with similar hearing problems.

If asked about the above, you answer *'It's very hard for me to understand what you are saying, I feel tired trying to concentrate'* and you turn to your niece /nephew and ask her to answer the above questions instead.
Examination: The student will ask you to have a look at your ears which you agree to. For an ear examination, **the doctor uses a special tool called an otoscope to look into the ear canal and see the eardrum**. Your student doctor will gently pull the ear back and slightly up to straighten the ear canal. If the student is hurting you please let them know verbally and/or by moving your head away from them.
Investigations: The student should suggest that he/she will communicate their findings to the doctor and also tell you that you will most certainly need to be referred to an ENT physician for further investigations and treatment.
Proposed Treatment: The treatment will be determined at a later stage by the ENT physician.
Patient responses to proposed treatment (ICE) and closing the consultation:
You and your relative will be satisfied if the student doctor has addressed your Ideas, Concerns and Expectations (ICE) and has communicated clearly to you and your relative the next steps such as seeing a specialist for your hearing. You both thank the student warmly and say they did a great job at creating a pathway of care that may result in improving your quality of life.
If the student has not addressed your ICE, you turn to your relative and say you would like to see the GP and show your disappointment with your tone of voice without insulting the student.

NEPHEW/NIECE'S PERSPECTIVE:

Name of son/daughter: Constantinos/Constantina Adamou.

Age: (your own).

In addition to the above parts that appear in bold where you step in to add to the conversation, your relationship with your uncle/aunt is as follows:
You have a very good relationship with your aunt/uncle and you offered to accompany her/him to the doctor's if he/she needed help to communicate. In fact, you made the appointment calling the GP as your aunt/uncle was reluctant to call in case she/he was not able to understand something.

After the session ends, both the patient and the niece/nephew to provide feedback to the student about:

- What he/she did well in terms of information gathering: rapport, engaging with both individuals, addressing your concerns and expectations in a respectful and non-judgmental way, feeling reassured and confident about his/her skills and knowledge. **Please provide examples from the role-play.**
- What aspects he/she could improve and pay more attention to in the future. **Please provide examples from the role-play.**

Additional Scenario 22(A4): Information Giving-Shared Decision Making. Patient with Musculoskeletal Problems

Additional Scenario 22(A4): Information Giving-Shared Decision Making. Patient with Musculoskeletal Problems

Type of scenario: Role Play

Institution: UNIC

A. Learning Objectives

The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:

1.4 Understanding empathy and qualities/competencies necessary for empathy

2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments.

B. Student's/learner's Instructions and Task

You are a final year medical student at the orthopaedic department of a hospital for your placement and you are asked by the consultant to talk to Christina/Chris Morrison. The patient was examined by the consultant who arrived at the diagnosis of a torn meniscus and she suggested a few treatment options for them. The consultant asked the patient if it would be ok for you to practice your information giving and shared decision-making skills with them and the patient has agreed.

Your tasks are to:

1. Explain what a torn meniscus is and the treatment options available
2. Address the patient's questions and concerns
3. Agree on a treatment plan through a shared decision-making process.

C. SP Scenario

The aim of the scenario is for the students to provide information on what you can do about the presenting problem, elicit your concerns and worries, and reach to a mutual agreement plan about the next steps. They will draw their suggestions based on background information about torn meniscus which is included at the end of this document. They may also ask you a few questions about the nature of the symptoms and the impact on your life in order to understand better the context of your health problems and your concerns – all the information is included below.

Basic details:

You are Christina/Chris Morrison (use your own age), and you have come in today to see the Orthopaedic consultant at the Orthopaedic department, at the hospital because you sustained a knee injury as you were going down the stairs last night. You are an English teacher at a secondary school.

Appearance and behaviour:

You are in smart casual clothes and seem in quite a bit of pain especially when you have to get up from your seat and walk which you express with your face and soft groan.

History

Opening statement (the first sentence that the SP says upon prompting from the candidate):

'Well, last night after going to bed I got thirsty so I went downstairs to get some water and I tripped and I did some kind of damage to my knee because it hurts a lot now.' (you sound and look you are in pain- please try to maintain this throughout the consultation)

Freely divulged to doctor:

You don't feel like talking after your opening statement and wait for the doctor to ask you questions.

Divulged to doctor if specifically asked:

If asked to elaborate on what happened, you say that as you tried to hold on to the rail you heard a cracking noise in your right knee. You didn't pay much attention to it at first but when you woke up today, your knee was swollen and very painful. Since then you cannot bend it and it is difficult to walk or generally move it.

If the student asks you where exactly it hurts or if you are in pain now, tell them you feel pain all around the knee area, especially on the outside part of your right knee and the area under the knee where you bend it. If the student asks you to describe the pain say it's a sharp pain, especially when you try to go up or down stairs or when you bend it. The pain does not radiate anywhere but if asked, you do have other symptoms: a burning sensation when you walk and stiffness when you try to stand up after sitting for a while. You have no other symptoms such as throbbing or bruising but when you press down on the swollen area it feels as if there's fluid inside.

The pain is worse when you try to walk or bend the knee (going up the stairs is impossible) or when you are in a sitting position and it hangs.

If asked what makes it better say that it subsides when you lie down and rest or when you have it raised with an icepack on it. If asked if you can straighten your knee completely say that it is very difficult to do so and when you do try, you cannot fully extend it. Overall it feels like the knee is locked and you are struggling to move it.

On a scale of 1-10 (if the scale points are not explained please ask them to elaborate) the pain is a 9 or 10 when you walk, go up the stairs, or generally try to bend it or put weight on it. It is about 6-7 when you rest it.

Personality of the patient and how to react to empathetic and non-empathetic behaviours:

You are a reserved and introverted person and you don't like to overwhelm people with a lot of information but only the necessary. However, you appreciate when health care professionals are able to show their understanding and empathise with your situation while at the same time are able to offer you clear explanations. When they are empathetic, you offer the information they are asking very quickly and willingly. If the student doctor is not empathetic and lacks the skills to communicate the information you ask them more questions and you become more withdrawn.

Empathy specific reactions for the SP

Ideas, concerns and expectations share these only if asked:

Ideas:
Since you divulge what happened in your opening statement and it's obvious what caused this pain, the student most likely will not ask you about what your ideas are of what caused the pain.

Concerns:

- You are quite stressed about the whole situation, this is the last thing you expected to happen! You are very concerned about this injury - **is this a serious injury?**
- You are also concerned about **whether you will need to opt for surgery** when they mention it as an option: *'Do I need to do it? How long do I have to wait until the doctor decides that I have to have the surgery? I don't think I want this, it will take too long to recover'.*
- **If student responds with genuine empathy or asks about other concerns then share the following:** you are in the middle of preparing your students for their A-level English exams so **you really can't afford to take any time off work** right now. You also **need to drive your kids around** since your spouse has a second job to pay off your mortgage and you don't have anyone else to help out with the kids and the house chores. And now with the injury you don't know how you will manage. You feel even more stressed!

Expectations:
You hope you can get over this quickly so you are keen to know about what treatments are available. You hope the treatment is something quick and easy to do. The doctor mentioned different options to you but you want to get more information about them so you can decide what to do.

Medical history:
You have been healthy with no major health issues in the past. No surgeries or hospitalizations apart from the time you gave birth to your children (for female SPs).

Medication history:
You took Nurofen for the pain after breakfast today but it has not made much of a difference.

Social history and cultural background (including ideas, beliefs, etc):
You work at a secondary private school as an English teacher, you live with your spouse and your two children (twins: 10 years old Stefanos and Natasa) in Latsia. You have a very busy schedule especially now with the A-level preparation at the school, driving the kids to school and doing errands for the house.

Alcohol:
You drink about 2-3 glasses of wine on the weekends.

Smoking:
Never smoked
Recreational drugs: Never tried

Diet:
You are health conscious and eat healthy foods with a lot of vegetables and white meat.

Family history:

Both parents are alive and well. No siblings.

Examination:
You don't need to be examined by the student because the doctor did that.

Investigations:
The consultant suggested that you may need to have an MRI if things don't improve.

Proposed Treatment:
If asked if you know what a meniscus is and/or what an injury to meniscus means – you say you don't know.
If asked how much you would like to know: tell them that you would like to know what it is first of all. You also want to know about treatments – the doctor mentioned different options to you but you want to get more information about them so you can decide what to do.

Patient responses to proposed treatment (ICE)
The student will provide you with various options for treatments (see all the information to be shared by the student at the end of the scenario).

If the information (including treatment options) is not given in chunks show bewildered or confused with your face and body language. If the student does not pick up your cues and/or does not pause to ensure your understanding then ask them to stop and say something along the lines *'You're giving me too much information and I don't know if I can remember or actually do all this'.* Also ask them if they can give you the information on paper to take home because at this stage you are quite stressed and in pain and you can't follow what they are saying.

If they pick up (most) of your cues/elicit your concerns and offer information by considering the demands of your lifestyle then you relax and you are more willing to listen to what they say.

For example, students will suggest that you need to rest. If they just move on to the next thing you need to do without acknowledging that you have a busy schedule, that this suggestion will inevitably have an impact on your schedule but it's important for the healing of your injury and they do not invite you to think of alternative options e.g. doing some of your teaching online, asking a friend/neighbour to help with driving the kids to/from school, then you react with something like '*It's easier said than done*'. If they do address the above, then you relax a bit by saying something like *'I'll consider it'* and you thank the student.

When the student mentions the surgery option, react as stated above in the concerns. ('*Do I need to do it? How long do I have to wait until the doctor decides that I have to have the surgery? I don't think I want this, it will take too long to recover*').

The student will not be able to address the questions but they should offer to ask their supervisor for further information and reassure you that you can try the other treatment options first (e.g. rest, ice, medication, physio) and only if these don't work out and after discussing it with your doctor, then surgery may be considered as an option. You respond positively to that (e.g. '*That's good to hear, I prefer this way too'*).

Closing the consultation:
At the end, they need to provide a short summary of the treatment options discussed including your concerns/preferences and the next steps ahead.

If they don't do this, then in your feedback you can comment that you were given quite a lot of information during the consultation but at the end you could not remember much since you were stressed/overwhelmed by the situation.

Knee injury –Torn meniscus – Information

Overview: A torn meniscus is one of the most common knee injuries. Any activity that causes you to forcefully twist or rotate your knee, especially when putting your full weight on it, can lead to a torn meniscus.
Each of your knees has two C-shaped pieces of cartilage that act like a cushion between your shinbone and your thighbone (menisci). A torn meniscus causes pain, swelling and stiffness. You also might feel a block to knee motion and have trouble extending your knee fully.

Risk factors: Performing activities that involve aggressive twisting and pivoting of the knee puts you at risk of a torn meniscus. The risk is particularly high for athletes — especially those who participate in contact sports, such as football, or activities that involve pivoting, such as tennis or basketball.
Wear and tear on your knees as you age increases the risk of a torn meniscus. So does obesity.

Treatment
What is the treatment for a tear?
There are three options for treating a torn meniscus, depending on the location and the extent of the tear:
 Non-Surgical Treatment
 Surgery

<u>Non-Surgical treatment</u>
Treatment for a torn meniscus often begins conservatively, depending on the type, size and location of your tear. Rest, ice and medication — is sometimes enough to relieve the pain of a torn meniscus and give the injury time to heal on its own
Tears associated with arthritis often improve over time with treatment of the arthritis, so surgery usually isn't indicated. Many other tears that aren't associated with locking or a block to knee motion will become less painful over time, so they also don't require surgery.
Your doctor might recommend:

- **Rest.** Avoid activities that aggravate your knee pain, especially any activity that causes you to twist, rotate or pivot your knee. If your pain is severe, using crutches can take pressure off your knee and promote healing.
- **Ice.** Ice can reduce knee pain and swelling. Use a cold pack, a bag of frozen vegetables or a towel filled with ice cubes for about 15 minutes at a time, keeping your knee elevated. Do this every four to six hours the first day or two, and then as often as needed.
- **Medication.** Over-the-counter pain relievers also can help ease knee pain.

- **Physical therapy:** can help you strengthen the muscles around your knee and in your legs to help stabilize and support the knee joint.

Avoid activities that aggravate your knee pain — especially sports that involve pivoting or twisting your knee — until the pain disappears.
Some tears do not cause symptoms after a few weeks and therefore do not need an operation. It is safe to wait a while, taking simple painkillers and trying physiotherapy. If your knee is not swelling up and does not hurt, then no further treatment is necessary.
In other cases, however, a torn meniscus requires surgical repair.

Surgery

What is involved in surgery?

If your knee remains painful despite rehabilitative therapy or if your knee locks, your doctor might recommend surgery. It's sometimes possible to repair a torn meniscus, especially in children and young adults.
Surgery involves a relatively minor procedure called an Arthroscopy, performed as a day case under general anaesthetic. Two or three, one centimetre small cuts are made in the knee and a camera is inserted to inspect the damage. Instruments are then used to treat the torn area, either removing the torn fragment or repairing it.
After surgery, you will need to do exercises to increase and maintain knee strength and stability.

What are the risks and complications of meniscus surgery?

As with any surgery, there are potential risks. Complications can include infection, blood clots in the leg, and damage to blood vessels or nerves within the leg, but these are very rare.

Sources (accessed 11.08.2022):

https://www.mayoclinic.org/diseases-conditions/torn-meniscus/symptoms-causes/syc-20354818

https://www.uhcw.nhs.uk/patient-information-leaflets/trauma-and-neuro-services/trauma-and-orthopaedics/