

Instructor Page

Research has shown that patients often do not question health professionals' explanations or instructions, even when the patients do not fully understand the health professional. In this Problem-Solving activity, students will get practice **orally communicating** with health professionals.

Instructors should read a case study dialogue aloud, taking both the health professional and the patient roles. Students should simply listen, imagining that they are the patient. Each of the six dialogues features a health professional giving a complicated explanation or instruction. (In Case Studies E and F, the “patient” is asked to read printed information, which you will need to provide to students.) It is likely that students will not fully understand the oral or printed information.

Instructors should ask students what questions they, as patients, would ask the health professional. If students are not forthcoming with questions, teachers should prompt them by reminding them that they should ask health professionals to:

- explain in simpler terms
- show them pictures
- repeat information until the patient has full understanding

To insure that they understand, “patients” should practice paraphrasing back to the health professionals all information and instructions.

If students aren't volunteering with clarifying or reflective questions of their own in response to the dialogues, try using these three questions to demonstrate that students might not have understood everything the health professional told them:

1. Did you understand all the words or terms the doctor used?
 2. What does the doctor think needs to happen next?
 3. What are YOU (the patient) supposed to do?
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Case Study A: Tests Needed For a Diagnosis

Directions: Listen to the following discussion between a patient and a doctor. If you were the patient, what questions would you ask after the doctor gives you this information?

Maria Sanchez is a 33-year-old woman with Type 2 diabetes, but she does not know that yet. She went to see her doctor for her annual checkup. The doctor has examined her and asked her some questions. The doctor told her he was concerned that she might have Type 2 diabetes, which was why he took some blood tests. The results are back.

Dr. Johnson is now talking to Maria.

Doctor: Your blood test showed a blood glucose level of 220 mg/dl. The normal range for blood glucose on this test is less than 200 mg/dl. However, to be certain, I want you to submit to additional tests, including a blood glucose level and an oral glucose tolerance test. Both tests require that you fast at least 12 hours before taking the tests. So, the night before the test, finish eating dinner before 7:00 p.m. and then come in at 9:00 a.m. for the test. Okay, do you have any questions?

Patient: Am I going to die?

Doctor: No, no, you're not dying. You don't need to be afraid. But, being a Type 2 diabetic is a serious health concern. If you have diabetes, it is controllable.

However, my diagnosis is not certain. In order for me to make a final diagnosis, you need to have two abnormally high glucose readings at two separate times and I need to check your glucose tolerance. That's why I'm going to have you come back next week for more tests. We'll go over the instructions on diet, exercising, monitoring your blood glucose, and other ways you can care for yourself. I'll also refer you to other people who will help with your treatment plan. Okay?

Patient:

Case Study B: Changing Medication

Directions: Listen to the following discussion between a patient and a doctor. If you were the patient, what questions would you ask after the doctor gives you this information?

Maria Sanchez is a 33-year-old woman who was diagnosed with Type 2 diabetes. Unfortunately, diet and exercise did not work and she was placed on medication six months ago. She recently had some blood tests and her doctor asked her to come to his office to discuss the results.

Doctor: Hello, Mrs. Sanchez. As you know, this consultation is to discuss the result of your recent blood tests. Your BMP shows that your electrolyte counts are fine, but what worries me is your glucose level, which was measured at 356. This value is well above normal, which is 126.

Because of this high glucose level, I tested your Hb A1C, which came back at 12%. The normal level is below 6.5%. This tells me that, for at least the last four months, you've had poor control over your glucose levels. These high glucose levels are putting you at risk for serious complications. We're going to change your medication regimen to see if we can get your glucose levels under control.

Patient:

Doctor: You've been taking Metformin, which is a drug that lowers your blood glucose by acting on your liver's metabolism of glycogen, the storage form of glucose, and your body's absorption of glucose. However, the Metformin has not been having the effect we've wanted so I'm going to add Glipizide to your treatment regimen. Instead of acting on glucose, the Glipizide acts on your pancreas to enable it to produce more insulin. This will help your cells take up the glucose in your blood stream more easily.

I'm going to start you on extended release Glipizide tablets. Take one 5-milligram tablet in the morning with breakfast. After two months, we'll recheck your glucose levels and see if we need to increase the dosage then. Do you have any questions?

Patient:

Case Study C: Test Results

Directions: Listen to the following discussion between a patient and the nurse from his doctor's office. If you were the patient, what questions would you ask after the nurse gives you this information? How will you answer her question?

Shamir Farook went in to his doctor's office last week for a checkup. The doctor's nurse, Betty, is calling Shamir to tell him about his cholesterol test results. The results of his blood test showed that his cholesterol is high.

Nurse Betty: This is Betty. I'm Dr. Robert's nurse and I'm calling about the cholesterol test you took last week. Dr. Robert is concerned that your cholesterol is higher than it was at last year's checkup. Your triglycerides are 100, which is a little on the high side, but nothing to worry about right now. Your overall cholesterol level is 250, which is too high. The test showed that your HDL level is 35, which is too low. However, your LDL level is 215 and that means it's significantly above normal levels. Since your cholesterol was a little on the high side last year and is much higher this year, you need to lower it.

As discussed at your appointment, Dr. Robert feels that it's necessary to start medication to lower your cholesterol. You need to come in for a few blood tests before Dr. Robert can give you the prescription for Niacin that he mentioned during your visit.

Patient:

Case Study D: Information About a New Medication

Directions: Listen to the following discussion between a patient and his doctor. If you were the patient, what would you ask after the doctor gives you this information?

Tomás Martínez went to his doctor's office yesterday for the results of his most recent blood tests. Dr. Perez has just walked into the office to explain what the tests showed.

Dr. Perez: The results of the blood tests have made me concerned about your cholesterol levels. Your LDL is 279 and your HDL is only 37. Ideally, we want your LDL under 100 and your HDL over 40. Your triglycerides are just about normal. I think the problem is with your LDL receptors, which is a common inherited problem. Your blood tests from 3 months ago also showed your LDL was too high and your HDL was too low. At that time, we decided to try getting those numbers normalized with diet and exercise. You indicated at last week's checkup that you've been sticking to the diet and exercise regimen that we discussed.

Patient: Yes, I have watched my diet carefully and increased my physical activity. I'm doing about 40 minutes of physical activity at least 5 days a week. Haven't the changes I've made helped my cholesterol?

Dr. Perez: The belief is that lowering your cholesterol intake can lower your LDL levels and exercising can raise your HDL levels. Unfortunately, diet and exercise are not enough for some patients so we need to treat it pharmacologically as well. I'd like to start you on Lovastatin, a cholesterol-lowering drug.

Patient: Does this mean I can go back to eating what I want?

Dr. Perez: No, the Lovastatin will help, but not by itself. You still need to keep up the changes you've made in your diet and continue your physical activity.

There are some side effects of Lovastatin that I'd like to discuss with you. Let me know if you experience muscle pain, tenderness or weakness. It will be the kind of pain you would feel if you were coming down with the flu. It might start gradually such that you hardly notice it. However, you need to tell me about this because it can develop into serious muscle and kidney complications. In addition to watching for muscle pain, you'll be taking blood tests to check your liver function every 3 months. This blood test will be another way to monitor if the Lovastatin is leading to further medical complications. Any questions?

Patient:

Case Study E: Getting Ready For a Test

Directions: Listen to the following discussion between a patient and his doctor. If you were the patient, what questions would you ask after you get this information?

Sou Ling, a 46-year-old man, went to see his doctor because he was having rectal bleeding. After he went to the bathroom, he was finding bright, red blood on the toilet paper. He also had some pain in his lower left side. His doctor examined him and told him that he needs a colonoscopy. Dr. Lee met with Sou Ling to talk about the colonoscopy and what Sou needed to do before taking the test.

Dr. Lee: We've scheduled your colonoscopy for 8:00 am on Friday. You'll need to get to the hospital by 7:00 am. You should not eat or drink anything after midnight on Thursday. These sheets have all your instructions listed that you'll need to do before the colonoscopy. It's important that all the instructions be followed.

Patient: Can I have a few minutes to look over these instructions?

Dr. Lee: Sure, I'll come back in about 15 minutes.

[15 minutes later Dr. Lee returns.]

Patient:

Instructions For Colonoscopy Exam (Case Study E)

Please read ALL instructions at least seven (7) days before your colonoscopy examination.

DO NOT

- Do not eat corn, beans or peas for a few days prior to the exam.
- Do not take aspirin for seven (7) days prior to the exam. Please take TYLENOL instead. NO blood thinners. NO Ibuprofen. NO Vitamin E. DO NOT take supplemental iron one week prior to the exam.

DO

- Do notify the nurse if you need antibiotics for procedures secondary to heart valve replacement, joint replacement within the last two (2) years, or if you are taking Coumadin or Insulin.
- Do have someone with you who can drive you home after the exam. You will be released from the hospital approximately two (2) hours after your procedure is completed.
- Do check with RN about taking daily medication.

TWO DAYS BEFORE YOUR EXAMINATION

You will need to obtain two (2) 1½ fl. oz. bottles of FLEET PHOSPHO-SODA (ginger-lemon flavor or unflavored). This preparation is available over-the-counter; you do not need a prescription. Fleet Phospho-Soda is also available in a 3 fl. oz. size. Divide one bottle in half.

If you purchase the larger size, do not exceed the recommended dosage given in the instructions, as serious side effects may occur.

ONE DAY BEFORE YOUR EXAMINATION

Drink ONLY clear liquids for breakfast, lunch and dinner. Solid foods, milk or milk products are NOT allowed.

Instructions For Colonoscopy Exam (Case Study E), continued**CLEAR LIQUIDS INCLUDE:**

- Strained fruit juices without pulp (apple, white grape, lemonade)
- Water
- Clear broth or bouillon
- Coffee or tea (without milk or non-dairy creamer)
- Clear flavored waters

All of the following that are NOT colored RED or PURPLE:

- Gatorade/Hi-C
- Carbonated and non-carbonated soft drinks
- Kool-Aid (or other fruit flavored drinks)
- Plain Jello (without added fruits or toppings)
- Ice Popsicles

**At 4:00 PM**

- Add 1 ½ fl. oz. Fleet Phospho-Soda to 4 oz. of cool water or clear liquid.
- DRINK the mixture.
- Follow with 3 full glasses (8 fl. oz.) of approved clear liquids.
- Stay at home near the bathroom.

**Between 4:00 PM and 10:00 PM**

- Drink at least 6 more 8 fl. oz. portions of clear liquids.

IT IS VERY IMPORTANT THAT YOU DRINK AS MUCH AS POSSIBLE!!

At 8:00-9:00 PM

- Add 1 ½ fl. oz. Fleet Phospho-Soda to 4 fl. oz. of cool water or clear liquid.
- DRINK the mixture.
- Follow with 3 full glasses (8 fl. oz.) of approved clear liquids.
- Stay at home near the bathroom.
- You may continue clear liquids throughout the preparation day until 12 midnight. Nothing after.

DO NOT EAT OR DRINK ANYTHING ON THE DAY OF YOUR EXAM.

Case Study F: After Oral Surgery

Directions: Listen to the following discussion between a patient and the nurse from her doctor's office. If you were the patient, what questions would you ask after the nurse gives you this information? How will you answer her question?

Yvonne, a 25-year-old woman, just had oral surgery. She had a wisdom tooth removed. Yvonne's friend, Mónica, is with her to drive her home. Yvonne is still sleepy from the surgery. The nurse has come in to talk to Yvonne and Mónica about what Yvonne should do at home.

Nurse: Your oral surgery went very well. However, you did just go through a surgical procedure and postoperative problems are not unusual. You need to take special care of your mouth to avoid complications. This sheet has all the instructions you'll need to follow over the next few days. It's important that all the instructions be followed. I'll give you some time to read them carefully and I'll come back to answer any questions you or your friend have.

[Mónica reads the instructions to Yvonne. Yvonne is too sleepy to understand all the instructions so she asks Mónica to talk to the nurse.]

[20 minutes later, the nurse returns.]

Nurse: Do you have any questions?

Mónica:

Home Care Instructions After Oral Surgery (Case Study F)

- Bite with light, steady pressure for one hour on the gauze placed in your mouth after the surgery. The pressure helps to reduce bleeding and permits formation of a clot in the tooth socket.
 - Mild bleeding after oral surgery is normal. If you still have bleeding after three to four hours, raise your head higher than the rest of your body. Then bite with firm, steady pressure on a moist gauze pad or a wet tea bag for 20 minutes. If the bleeding does not stop, call your nurse or doctor.
 - Prop your head with several pillows when lying down or sleeping. This will help to reduce swelling and bleeding.
 - Use ice packs on surgical area (side of face) for 24-48 hours: apply ice 20 minutes on – 10 minutes off. Bags of frozen peas also work well. Be sure to place a soft cloth (such as a wash cloth) between your face and the cold pack to avoid skin irritation. Lying down with your head turned to one side will allow you to lay the ice pack onto the sore muscle. Roll over and apply the ice pack to the other side of your face if needed for reduction of swelling and pain.
 - Drink plenty of fluids. **DO NOT USE A STRAW.** Sucking may cause bleeding.
 - If you had surgery to remove wisdom teeth, or if you have been sedated, take only clear liquids at first, and then soft foods that are easily chewed, for the first 24 hours. No seeds, nuts, rice, popcorn, etc. Try not to chew where your teeth were removed. After 24 hours, you may return to your normal diet as soon as you comfortably can.
 - After 24 hours, begin to rinse your mouth frequently with salt water. Rinse four to five times a day, especially after eating. Mix $\frac{1}{4}$ teaspoon of salt in a tall glass of warm tap water. Rinse with salt water for three days. Do not swallow the salt water.
 - After 24 hours, you can brush your teeth as you normally do. Be careful when brushing in the area where you had the surgery.
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- For mild discomfort, take Tylenol or Ibuprofen (600-800 mg. with soft food) every four hours. For severe pain, take the prescribed drug as instructed—be sure to read the directions carefully.
- Do not smoke. It will take longer to heal if you do. Do not use chewing tobacco.
- Return for your postoperative visit as instructed by your oral surgeon.
- If you have any questions about these instructions or any concerns not listed here, call your nurse or oral surgeon.

Home Care Instructions After Oral Surgery (Case Study F), continued

Numbers you should know

My oral surgeon's name

Telephone number
