

Attachment 15: STANDARIZED PATIENT TELEPHONE INTERACTION – PATIENT PROFILE
Web-based Skills Training for SBIRT (Screening Brief Intervention and Referral to Treatment)
November 2011

OMB # 0925-XXX

Expiration Date xx/xxxx

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I. OVERVIEW	PJ BENNING
A. Objective	<p>Portray a patient over the phone who currently drinks in excess.</p> <p>The goal of this case is to evaluate the clinician’s skills in addressing the patient’s use of alcohol. You will not provide feedback to the clinician on this interview, nor rate them on an evaluation checklist. Instead, the telephone conversation will be recorded and the clinician’s responses coded at a later date.</p> <p>SP will be reluctant about changing drinking habits, but is persuadable. If the clinician does a good job during the interview, the SP will reflect change statements. If the clinician is hurried, uninterested, judgmental or impatient, SP will engage in “debating” with the clinician and express doubt about changing drinking habits.</p>
B. Presenting Problem	<p>Patient is a 49 year-old woman who is seeing her new primary care clinician for her annual physical exam. She has taken the ASSIST Plus and is at moderate risk for her alcohol use. Her former primary care clinician recently retired.</p>
C. Patient Description	<p>Gender: Female Age: 49 Orientation: Heterosexual Marital: Married Children: Two sons Education: Finished high school, one year of college Employment: Roofing company - Dispatcher Address: Suburbs of Seattle Economic status: Middle class BMI: NA</p>
D. Opening Statement	<p><i>Once you have established the phone call and are in character:</i></p>

E. Closing Statement	<p><i>The call should last about 10 or 15 minutes. If you start going beyond this, you might say something like the following (while in character) to try to conclude the call:</i></p> <p>“Well, I appreciate the time you’ve taken to talk with me. I know you’re very busy with other patients.”</p> <p>“You’ve given me some food for thought – I should probably let you go.”</p> <p>“I look forward to seeing you in clinic where perhaps we’ll discuss this issue some more.”</p> <p><i>If the clinician leads to you breaking character, you might conclude the call by thanking them for participating in the interview.</i></p>
II. HEALTH SYMPTOMS	
A. PHYSICAL AND PSYCHOLOGICAL SYMPTOMS	
1. General Symptoms	Feels fine,
2. Past History	Automobile accident about ten years ago and had a concussion. Had headaches for about a year, but they’re better now.
2 Cause of symptoms	
3. Relief from Symptoms	NA
4. Physical Exam	NA
B. GENERAL MEDICAL HISTORY	
1. Overall Health	Pretty good shape
2. Immunizations	<ul style="list-style-type: none"> • Usual immunizations and booster shots • Tetanus shot
3. Health Habits	<p>Alcohol - 2 to 3 glasses of Rum and Coke every day. On weekends up to 4 drinks a day.</p> <p>Tobacco – Smokes about half a pack a day. Has smoked since her teens.</p> <p>Caffeine – Just a couple of cups of coffee in the morning.</p> <p>Illicit Drugs – None</p> <p>Exercise – very little – physically active at work</p> <p>Vitamins – daily multi-vitamin</p>
4. Allergies	None
5. Minor Ailments	Normal aches and pains

6. Current Medications	None
7. Past Medical History	Nothing major – concussion ten years ago. Was told to keep an eye on blood pressure and cholesterol. Treated for depression a year ago with an antidepressant, Prozac.
C. FAMILY MEDICAL HISTORY	
1. Mother	Alive – survived breast cancer
2. Father	Alive and healthy
3. Sister	One alive and well
4. Brother	None
5. Grandparents	All deceased
D. MENTAL HEALTH HISTORY	
1. Depression	Sometimes feels down. Was treated for depression last year after having trouble sleeping. Maybe it's brought on by marital difficulties..
2. Suicide	No thoughts of suicide
3. Anxiety/PTSD Symptoms	Was evaluated last year when being treated for depression, but doesn't have PTSD
4. Mental Health Treatment or hospitalizations	Had a course of medication, Prozac, last year. Went to a counselor for about 9 months.
III. PHYSICAL EXAM	
A. General Instructions	NA
IV. PATIENT BIOGRAPHY	
1. Basic Description	PJ BENNING 49 year-old woman who is seeing her new primary care clinician for annual check-up Patient is concerned by feedback that her alcohol use is risky. She makes sure her drinking doesn't affect her work, but worries that if she quits drinking she will feel more stressed and that quitting will ruin her social life.
2. Living Arrangements	Lives with her husband in, a suburb of a larger city
3. Social/interpersonal relationships	She's sort of the mother hen to the guys who work at the roofing business. They and their families socialize a lot. When she gets home, her husband knows to leave her alone in front of the T.V. for an hour so she can drink and relax.

4. Education and employment history	High school. Some college.
5. Activities/Hobbies	Likes to knit.
6. Healthcare	Has health insurance through her job.
7. Past Adult Social History	Before she was married, carried on with a lot of men. Has been monogamous since married 20 years ago.
8. Military History	Marine from 1980 to 1984 active service. Inactive for 1984-86. Stationed as an MP, shore patrol, at Camp Pendleton in San Diego. Cleaned-up after a lot of bar fights.
9. Self Presentation to Doctor	Alert and concerned about feedback that her alcohol use is risky.
a). Appearance	NA

V. ROLE DEFINITIONS/GOALS														
A. Patient's Perspective	<p><i>This is the description of relevant attitudes and behavior as the patient may state it. You may use your own words instead of the exact scripted text. It is important, however that the content remain the same.</i></p> <p><i>The clinician's interview may be more conversational than someone taking a personal medical history, so his or her questions may not fall into these specific categories. Try to work in some of these details at appropriate points in the conversation.</i></p>													
1. The Patient's Motivation for Seeking Care	Annual Check-up													
2. Context of the Patient's Drinking	"I drink to unwind. I need it to relax and help me get to sleep." "I drink with friends- it's how we have fun."													
3. Quantity and Frequency of Drinking	"I drink two to three glasses of Rum and Coke every day. On weekends it's more like 4, maybe 5 at the most. "													
4. Attitude/Concern about her drinking	<p>"My job is really stressful. I just drink to relax and unwind."</p> <p>"I drink to have fun with friends."</p>													
5. On Medical Advice about her Drinking	"I don't see why I have to cut out the only thing I look forward to every day. I'm not sure it's worth it."													
6. Attitude about smoking	Not ready to quit right now, but knows she needs to quit eventually. Has cut down to half a pack a day in past year. Husband is also talking about quitting at some point.													
7. Attitudes about Change	<p>Pros and Cons of drinking <i>These are attitudes the patient has about the personal costs and benefits of her drinking behavior. These are not to be recited (unless asked specifically about them), but they are provided to provide further background about the patient.</i></p> <table border="1" data-bbox="474 1036 1650 1372"> <thead> <tr> <th data-bbox="474 1036 1062 1068">Benefits of Drinking to the Patient</th> <th data-bbox="1066 1036 1650 1068">Costs of Drinking to the Patient</th> </tr> </thead> <tbody> <tr> <td data-bbox="474 1071 1062 1104">You need it to unwind.</td> <td data-bbox="1066 1071 1650 1128">Worried he's losing her edge – that mentally she's not as sharp as he used to be.</td> </tr> <tr> <td data-bbox="474 1131 1062 1188">You think you'd be an angrier person without alcohol to mellow you out.</td> <td data-bbox="1066 1164 1650 1253">Thinks maybes she would sleep better without alcohol, if she could find something else to help her get to sleep.</td> </tr> <tr> <td data-bbox="474 1221 1062 1253">Makes life tolerable.</td> <td data-bbox="1066 1286 1650 1343">Worried that alcohol might have contributed to her car accident and she could get hurt again</td> </tr> <tr> <td data-bbox="474 1286 1062 1318">Would really miss the taste.</td> <td></td> </tr> <tr> <td data-bbox="474 1351 1062 1372">Likes drinking in social situations- it's fun.</td> <td></td> </tr> </tbody> </table>		Benefits of Drinking to the Patient	Costs of Drinking to the Patient	You need it to unwind.	Worried he's losing her edge – that mentally she's not as sharp as he used to be.	You think you'd be an angrier person without alcohol to mellow you out.	Thinks maybes she would sleep better without alcohol, if she could find something else to help her get to sleep.	Makes life tolerable.	Worried that alcohol might have contributed to her car accident and she could get hurt again	Would really miss the taste.		Likes drinking in social situations- it's fun.	
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<p>8. Importance/Confidence Questions about Drinking</p>	<p>If the clinician asks, “How <i>important</i> is it for you to change your drinking (on a scale of 1-10)?” SP responds by saying: “I would say about a 6. I understand it’s not good for me.”</p> <p>Follow-up questions the clinician may ask: <u>Clinician:</u> “Why didn’t you give yourself a lower number?” <u>SP response:</u> “I’d say keeping my liver is pretty important.”</p> <p><u>Clinician:</u> “What would it take for you to give yourself a higher number?” <u>SP response:</u> “If I could find a way to sleep without alcohol.”</p> <p>If the clinician asks, “How <i>confident</i> are you in your ability to change your drinking (on a scale of 1-10)?” SP responds by saying: “I would give that a 7.”</p> <p>Follow-up questions the clinician may ask: <u>Clinician:</u> “Why didn’t you give yourself a lower number?” <u>SP response:</u> “I know myself and what I have to do to make changes.”</p> <p><u>Clinician:</u> “What would it take for you to give yourself a higher number?” <u>SP response:</u> “Getting my husband to quit too, I wouldn’t be able to stop if he were having a drink.”</p>
<p>9. If offered a menu of options:</p>	<p>Chooses cut back rather than quit altogether if given the option. Is resistant to the idea of quitting completely.</p>
<p>10. “Change Statements” to Insert Strategically During the Encounter”</p>	<p>“I would like to take better care of myself.” “ “I think once I have a chance to think about this a little, I might be ready to make changes.”</p>
<p>11. On Substance-Use Treatment and Alcoholics Anonymous</p>	<p><u>Substance-Use Treatment</u> “I couldn’t take that kind of time off from work.”</p> <p><u>AA</u> “I would have to think about that – I’m not much of a God person and that’s a religious approach – right?”</p>
<p>12. On Substitute Beverages/Harm Reduction Practices</p>	<p>“Maybe I could start out making every other glass just coke and see how that feels.”</p>

13. Self-Description of Social Life	“All the guys at work look up to me. I don’t want them thinking I’m straight or boring. I’d have to figure out a way for not drinking to look cool or something.”
SPECIAL INSTRUCTIONS	<ul style="list-style-type: none"> • Know all the case details • Be ready and able to tell the story of the patient according to the story line • Do not withhold information that has been elicited by the clinician • Be able to ad-lib appropriately if necessary • Be able to stay in character throughout the encounter • Respond to the provider’s provision of information/clinical data • Be able to provide each clinician constructive and sensitive feedback about the encounter at the conclusion of the interview <p>1. If the interviewer does a good job of :</p> <ol style="list-style-type: none"> a. reflecting your point of view, b. asking open-ended questions, c. summarizing your ambivalence, and d. affirming any positive steps you have made for your health, <p>then you will be more positive about changing your drinking and deliver more positive “Self-Change” statements (see section V. 10) in the conversation</p> <p>Setting up the Telephone Encounter <i>Since you will be calling the clinician on the phone, the artificiality of the encounter requires some “set-up” before you get into character. Here is how you should set-up the call . . .</i></p> <p>If you have to leave a message:</p> <p>“Hello my name is _____ and I am a Standardized Patient Actor with the SBIRT study in Seattle. I would like to set up a time for a telephone interview with you as part of the evaluation for the study, “.” Would you please call me back at _____ and let me know when would be a good time for us to have a 10 to 15 minute telephone call? Also, please let me know if there is a better number to reach you at this time. Thank you very much. I look forward to hearing from you.”</p> <p>If you get the clinician on the phone: “Hello my name is _____ and I am a Standardized Patient Actor with the SBIRT study in Seattle. I would like to have a 10 to 15 minute telephone interview with you as part of the evaluation for the study” Is now a good time for this?”</p> <p>If “no,” try to set up an alternate time for the interview.</p> <p>If “yes:” “Great. I wanted to remind you I’ve been instructed to record our conversation.*** Let me set up the context of the call – this will be a role-play with me as a patient who was a patient of a colleague of yours who has recently retired. You are my</p>

new primary care provider.. All you know from the referral at this time is that: (a) I have hepatitis C, (b) my ASSIST score indicates moderate risk. (AUDIT–C score is **9**; “AUDIT” = “Alcohol Use Disorders Identification Test”),
“So if you’re ready, I’ll start the conversation as if I am the patient . . .”

At this point, you should get into character and begin the conversation with following statement:

“I’m really concerned about these liver tests my old doctor gave me,.” [if asked AST = 180 and ALT = 140 IU/L] “I never had to worry about my health before – I’ve always been able to do what I need to do.”

*****If the clinician expresses hesitation about the telephone call being recorded:**

“I understand you have concerns or questions about the audio recording of the conversation. My understanding is that this call is part of a study to evaluate the effectiveness of the SBIRT training But if you have objections or questions about the recording, let’s terminate the call, and I will ask one of the researchers involved with the training to get in touch with you to discuss your concerns.”

Ending up the Telephone Encounter

The call should last about 10 or 15 minutes. If you start going beyond this, you might say something like the following (while in character) to try to conclude the call:

“Well, I appreciate the time you’ve taken to talk with me. I know you’re very busy with other patients.”

“You’ve given me some food for thought – I should probably let you go.”

“I look forward to seeing you in clinic where perhaps we’ll discuss this issue some more.”

If the clinician leads to you breaking character, you might conclude the call by thanking them for participating in the interview.