Date: August 10, 2021

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Name of Case: Patient Confidentiality Case

Name of educational and or assessment activity: Telemedicine Patient Confidentiality Case

Patient Name: Phil Mickelson

Chief Complaint: discharge from penis

Most likely Diagnosis and Differential with rationale from history and/or physical exam:

Most likely diagnosis: chlamydia/gonorrhea

Differential:

Chlamydia

Gonorrhea

Trichomoniasis

Epididymitis

Yeast infection

Challenge question: “Man…I don’t know how to even go about dealing with this.” The patient is taking this phone call in a public space.

Domains: Check all that apply

Professionalism

Communication and Interpersonal skills

Medical History

Physical exam

Shared Decision Making

Patient Education

Clinical Reasoning

Documentation

Handoff

Presentation

Other: Patient Confidentiality, Problem-Solving, Systems-Based Practice

Type and level of learner: Third-year medical student

Case Objectives: please list specific objectives for each of the domains you have checked above:

1. Recognize potential barriers to confidentiality while using telemedicine
2. Describe ways to maximize and preserve patient confidentiality during telemedicine encounters
3. Understand patient-centered language and avoidance of stigmatizing language
4. Describe diagnosis and management of probable sexually transmitted infection

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| SETTING: | Outpatient |
| PATIENT PROFILE: | |
| Age range | 20-40 yo |
| Religious/spiritual background | Non-religious |
| Sex (e.g., male, female, intersex, transwoman, transman) | Male |
| Sexual Orientation (e.g., heterosexual, lesbian, gay, bisexual, pansexual, queer, asexual) | Pansexual |
| Gender expression (e.g., man, woman, gender queer) | Man |
| Race/ethnicity: | Any |
| Physical description (e.g., BMI, height range) | BMI normal |
| Physical limitations | None |
| Patient appearance (e.g., disheveled, hospital gown, business casual, casual) | Casual |
| Moulage + location (e.g., none, bruises, scars, body piercing, tattoos) | None |
| Affect (e.g., pleasant, cooperative) | He is forthright with his answers, and speak openly about his sexual activity, but will be largely distracted. |
| Family group (e.g., who is family, who they live with) | Lives alone |
| Education | Completed high school |
| Level of health literacy | Average |
| Employment, if any - present and past, noting any current stresses | Tattoo artist, works under the table out of his loft |
| Home/homeless - type of dwelling, number of stories, owned or rented | Lives in loft/studio |
| Financial situation- any current stresses | None |
| Insurance Status (e.g., un/under/insured, public/private, HMO/PPO) | Public |
| Habits (i.e., diet, exercise, caffeine, smoking, alcohol, drugs) | Occasional cocaine at parties. Last weekend was the last time he “did a few lines”. Daily marijuana user. He would find the amount hard to quantify. “I’ll smoke a bowl every now and then depending on how much I have to do.”  Tobacco Use (past and present. responds to suggestions to quit): 1 PPD tobacco use since the age of 16  Alcohol Use (past and present. responds to suggestions to quit): He is not a daily drinker, but when he does drink, he usually gets drunk. Last weekend was his last big drinking weekend. “Some dude had a super soaker filled with Tequila!”  Diet: Fast food, mostly  Exercise: Works out at home, 4-5 times per week |
| Activities (i.e., hobbies, sports, clubs, friends) | Video games; watching TV  Large friend group.  Last weekend he attended a water pistol party. It was a large group of beautiful men in tiny bathing suits running around with super soakers. Much alcohol was consumed, joints smoked, lines taken. Phil gets a bit fuzzy on the details but remembers he was one of seven men in a hot tub. |
| Typical day - what is the usual daily routine | A few clients most days of the week. When not working, usually engaging in above hobbies and hanging out with friends, often at parties. |

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| CASE INFORMATION | |
| Chief Concern: What the patient will say when greeted by the student. The patient’s primary reason for seeking medical care often stated in his/own words. | “There’s green gunk coming out of my…um…junk.” |
| Additional Concerns: Other, if any, concerns the patient has today (i.e., symptoms, requests, expectations, etc.) that will become part of set agenda. | “It really burns when I go to the bathroom.” “It’s been about three days now.”  Expectations for the visit: “Can you just phone in some anti-biotics to the CVS?” |
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| THE PATIENT STORY: The SP will be asked to tell their symptom story and the personal and emotion impact for each of their concerns. You will want to write this is the patient voice. The symptom story should be able to answer this question: “Tell me more about [chief concern/additional concern], starting at the beginning and bringing me up to now.”    The personal context should be able to answer questions concerning the broader personal/psychosocial context of symptoms, especially the patient beliefs/attributions.    The emotional context should be able to ask how are you doing with this, how does this make you feel, how has this affected you emotionally? IMPACT: How has this affected your life? How has this been for your family? | Thick greenish discharge from penis for the last 3 days. His penis feels irritated in general, and it burns when he begins to urinate and when he ejaculates. He is urinating more frequently and urgently. He is no longer comfortable in jeans or tight pants.  Last weekend he attended a water pistol party. It was a large group of beautiful men in tiny bathing suits running around with super soakers. Much alcohol was consumed, joints smoked, lines taken. He gets a bit fuzzy on the details but remembers he was one of seven men in a hot tub.  Although he brought condoms with him to the party last weekend, he left them in his pants pocket so had unprotected sex with a variety of men in the hot tub. He does not know all their names and is unsure if he would recognize a couple of them again.  Significance to the Patient: “I can’t have sex with this going on.”  Impact on patient’s life: This patient is sexually active with multiple partners. He fears if this is a STI he would have to contract his partners and he could not do that because he does not know some of their names.  Concerns/fears: “Somebody gave me something last weekend.” |
| HISTORY OF PRESENT ILLNESS: Although some of the HPI will be given in the patient’s symptom story, the learners will expand the story during the direct question section. Below describe the detailed history, usually about the chief concern, which the student must develop in order to make a useful assessment of the problem: | |
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| Onset (when; gradual or sudden) | “It’s been about three days now.” |
| Setting (what was going on or where was patient when symptoms first noticed?) | He notices it more when he first awakens and after he has not urinated for a long time. He has been getting up in the middle of the night to urinate, which is unusual for him, and he notices it then. |
| Duration (how long) | 3 days |
| Time relationships (frequency, constant or intermittent) | Constant |
| Location | Tip of penis, anus itches |
| Radiation | None |
| Quality | Discharge is thick, greenish  Irritation and burning at tip of penis |
| Amount | Small amount discharge  “Very uncomfortable. I’m constantly wanting to shift myself around. It’s embarrassing.” |
| Aggravated by what | He notices it more when he first awakens and after he has not urinated for a long time. |
| Relieved by what | Tried some preparation H for anal itching, thinking he might have a hemorrhoid, which helped dull the itch slightly. |
| Associated with what | Burning with urination and ejaculation, urinating more frequently and urgently, feeling in comfortable in jeans or tight pants, anus itches |
| Attitude (what does the patient think is the problem, and how does he/she feel about it) | This patient is sexually active with multiple partners. He fears if this is a STI he would have to contract his partners and he could not do that because he does not know some of their names.  “Somebody gave me something last weekend.”  “Can you just phone in some antibiotics to the CVS?” |
| Overall course | Not improving |
| REVIEW OF SYSTEMS: Significant positives and negatives | |
| Positive for penile discharge, dysuria, urinary frequency, urinary urgency, constipation (but actually straining to defecate), anal itching | All other ROS negative |
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| Past medical history |  |
| Medication allergies (Name and reaction) |  |
| Environmental allergies (Name and reaction) | Other Allergies: Latex (irritation, rash) |
| Illnesses | None |
| Vaccinations | Up-to-date |
| Surgeries | None |
| Accidents/ injuries/ trauma | One ED visit last year when he fell off the rack and sprained his neck. “The ankle strap broke when I was upside down. I wore a collar for a week or so.” |
| Hospitalization | None |
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| Inclusive sexual and reproductive history | |
| Sexual practices  Sexual partners  Protection: Use of safer sex practices  Use of birth control if appropriate  Risk of intimate partner violence | Pansexual  Current sexual partners: Three usual female partners; inconsistent barrier protection usage. Last STI tested 6 months ago- results negative.  Lifetime sexual partners: 23  No history of STDs. Last STD tests was 6 months ago, negative.  Although he brought condoms with him to the party last weekend, he left them in his pants pocket so had unprotected sex with a variety of men in the hot tub. He does not know all their names and is unsure if he would recognize a couple of them again. |
| Ob/GYN HISTORY | N/A  Age of onset of menses  Age of menopause  Number of pregnancies  Number of live births  Number of miscarriages  Number of abortions |
| Medications | None  Prescription/dose/reason  Over the counter/dose/reason  Herbs/supplements/dose/reason  Other: |
| Immunizations | Tetanus  Flu  Hepatitis  Pneumovax  HPV |
| Tobacco products:  Cigarettes  Cigar  Pipe  Chew  E-cigarettes | Never  Past- year started/year quit  Current  o   Quantity: 1 PPD  o   # of years: since age 16 |
| Alcohol  Beer  Wine  Liquor  Other | Never  Past- year started/year quit  Current  o   Quantity: not daily, but when he does drink, he usually gets drunk. Last weekend was his last big drinking weekend. “Some dude had a super soaker filled with Tequila!”  o   # of years: since teenage years |
| Drugs  Weed  Cocaine  Heroin  Meth  Other  IV  Inhalants  Other | Never  Past- year started/year quit  Current   * Cocaine: Occasional cocaine at parties. Last weekend was the last time he “did a few lines”. * Marijuana: Daily user. He would find the amount hard to quantify. “I’ll smoke a bowl every now and then depending on how much I have to do.”   # of years: since age 20s |
| Diet (describe) | Fast food, mostly |
| Exercise (describe) | Works out at home, 4-5 times per week |
| List any other important social history or information important to this case | None |
| Family history |  |
| Mother, Father, Siblings, Grandparents, and other significant findings. | Uncertain – patient is adopted |
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| Physical Exam- List exam maneuvers expected for this case and any abnormal findings that SP will simulate. (tenderness, hyper-hypo reflex, rebound, weakness etc. )  Not expected to be performed, but has tip of penis is tender to palpation, penile discharge (can be expressed) is green | |
| PHYSICAL EXAM FINDINGS |  |
| 1)          Written in layman’s terms | tip of penis is tender to touch, discharge (can be expressed) is green, looks like pus |
| 2)          General appearance- affect, appearance, position of patient at opening (i.e. sitting, laying down, holding abdomen etc.) | Distracted, standing in line at a busy coffee shop with appropriate ambient sounds (https://www.youtube.com/watch?v=h2zkV-l\_TbY) |
| 3)          Vital signs | N/A |
| 4)          Specific findings and affect | Distracted but will be forthright with answers |
| 5)          Response to certain physical movements | tip of penis is tender to palpation, penile discharge (can be expressed) is green |
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| DIAGNOSIS AND DIFFERENTIAL |  |
| Diagnosis with support from positive and negative history and PE findings | Chlamydia/Gonorrhea (penile discharge, dysuria, urinary frequency and urgency, sexual activity with multiple partners without condom use) |
|  | Trichomoniasis (penile discharge, dysuria, urinary frequency and urgency, sexual activity with multiple partners without condom use) |
|  | UTI (dysuria, urinary frequency and urgency) |
|  | Epididymitis (genital pain, sexual activity with multiple partners without condom use) |
|  | Yeast infection (penile irritation) |
| MANAGEMENT OR DIAGNOSTIC PLAN | STD testing (direct to go to clinic)  Empiric treatment with PO doxycycline (send to pharmacy) and IM ceftriaxone (direct to go to clinic or urgent care/ER)  Counsel on safe sex practices (e.g. regular condom use) |
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| PROFESSIONALISM ISSUES OR CHALLENGES: | This visit is a telephone with a patient who is in a public setting (busy coffee shop)  Telemedicine skills:   * Confirm patient identifiers * Ask patient if this is an appropriate time and setting for visit; if not, offer to call back later. (Patient says to wait 1-2 minutes, so that he can pick up his coffee and go outside to a more private setting.)   History:   * Obtain targeted history while protecting patient confidentiality   Communication and Interpersonal Skills, Professionalism:   * Adapt communication and questions to protect patient confidentiality (e.g. offer to call back or wait until he is in a more private setting, ask patient if he wants to use ear/headphones, ask yes/no questions) * Use open and non-judgmental language * Ensure patient understands and agrees with recommended management plan, next steps and return/ER precautions   Patient Education:   * Appropriately counsel patient about safe-sex practices   Clinical Reasoning:   * Student needs to recognize that symptom is likely a STI and patient requires treatment * Student needs to know that proper treatment of STI (ideally doxycycline + IM ceftriaxone)   Shared Decision Making:   * Student should come up with a management plan that patient agrees on and is able to follow   Problem-Solving, Systems-Based Practice:   * Since evaluation and treatment of likely STI involves lab tests and IM medication, student needs to work with patient to formulate a logistical plan for these to be done (see above) |