

Bernie Jacobson (HIV)
Communicating Bad News Resident Evaluation 2005

Name/Age/Sex	Bernie Jacobsen / 52-year-old man
Ethnicity/Race	Any
SP Objective	
Presenting Situation	You are a 52-year-old male who has been in good health until recently who is coming for results of a recent HIV test that he had 2 weeks ago.
Opening Statement	"Hi Doc."
If resident asks open-ended questions or allows silence, you will volunteer the following:	"I have been a nervous wreck since I had that HIV test. I have had a hard time of thinking of anything else."
Patient Symptoms	N/A
Onset of Symptoms	N/A
Pattern	N/A
Location	N/A
Radiation	N/A
Quality	N/A
Intensity	N/A
Treatments Tried	N/A
What Makes it Better	N/A
What Makes it Worse	N/A
Prescribed Medications	
OTC	Zantac, antacids
Herbal Remedies	None
Past Medical History	
Prior Episodes	
Surgeries	None
Injuries	Broken arm from skiing – age 20.
Illnesses	Migraines when younger – none now. Heartburn sometimes, treated with OTC antacids and zantac.
Family Health History	
Mother	High blood pressure, smoking, diabetes
Father	Alcoholic when younger, smoking, high cholesterol
Siblings	Brother with alcohol problems (younger) sister healthy
Children	One daughter, 22, who lives in Colorado- healthy

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Social History	He is a recovering alcoholic (beer and whiskey favorite drinks) having been abstinent for 5 years. He was married once (in 1982) and lived in Syracuse until he divorced 8 years later, in 1990, when he came to terms with his sexual identity, and after having had multiple unprotected sexual encounters with men. At that point, he moved to New York, got into the 'bar scene', started drinking heavily, and multiple unprotected encounters, most associated with alcohol use. He later moved back to Rochester (in 1999) when he gave up alcohol and wanted to settle down.
Education	College Graduate
Employment	Although he lost two jobs in part related to his drinking, he now holds a steady job at Kodak as a production supervisor.
Hobbies	Likes working on cars
Marital Status	He was married once (in 1982) and lived in Syracuse until he divorced 8 years later, in 1990, when he came to terms with his sexual identity. He is now in a monogamous relationship with Paul.
# & Ages of Children	1 child, a daughter, age 22
Alcohol Use	Recovering alcoholic, abstinent for 5 years
Illicit Drug Use	None
Tobacco Use	Quit 15 years ago
Spiritual/Religious Beliefs	Raised Catholic, but had not been connected to the Church in recent years.

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Flow of Conversation	<p>He was married once (in 1982) and lived in Syracuse until he divorced 8 years later, in 1990, when he came to terms with his sexual identity, and after having had multiple unprotected sexual encounters with men. At that point, he moved to New York, got into the 'bar scene', started drinking heavily, and multiple unprotected encounters, most associated with alcohol use. He later moved back to Rochester (in 1999) when he gave up alcohol and wanted to settle down. He is now in a monogamous relationship with Paul.</p> <p>He has used condoms regularly with Paul, and with several prior male partners during the past 2-3 years. His partner is not infected with HIV or hepatitis. He was tested once in 1991 and tested negative. Last year, he had mild case of shingles (a painful chicken-pox like rash) on his left chest and shoulder. He saw a doctor at an urgent care center who prescribed a medication (you don't remember the name but did take it twice a day). The rash went away in a couple of weeks and he gave it no further thought.</p> <p>Since then, has not thought much about testing until recently, when he and Paul decided to live together. Paul urged him on several occasions to get tested, and they mutually decided to get tested 2 weeks ago. At that visit, he discussed HIV and HIV risk factors (oral and anal intercourse) with his doctor during pretest counseling. The doctor explained that the test is very accurate, and that HIV infection does not mean AIDS. He has never used intravenous drugs or received a blood transfusion.</p> <p>He returns to the office today (without his partner) to learn his test results. He feels generally well although a bit fatigued for the past few weeks. He hopes and anticipates that he will have a negative test, although he has been a very worried about the results. The results are <i>positive</i> (indicating infection with HIV). His reaction to the news progress through a variety of strong emotions:</p> <ol style="list-style-type: none">1. Shock and disbelief ("This can't be happening to me.")2. Denial (he feels well, so the test must be wrong; anger at Paul for making him come for the test)3. Self-blame (regret for past sexual behavior and drinking; "I guess I should have come in sooner to be tested.")4. Grief – sadness that this has happened to him.
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	<p>5. Worry – (“How am I going to tell Paul?” “Does he really need to know?”) He expresses worry about becoming ill and dying. He is concerned about how to tell his partner this result. He should ask for suggestions on how to talk to his partner.</p> <p>He should be able to achieve direction, reassurance, and closure at the end of the visit with the physician if the physician is confident, provides clear information and is empathic. If those qualities are lacking, the patient should remain anxious.</p>
Demeanor	Engaged, Anxious
Disclosure Guidelines	Would ask about the results of the test if the interviewer does not offer them within 4-5 minutes
Appearance	Restless
Clothing	Well dressed
Props	None
Make Up	None
Problems/Challenges	
For Residents:	
For SP's:	
Resident Objectives	The goal is for the resident to demonstrate an organized, accurate and compassionate approach to delivering bad news.

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Assessment Methods	Checklist and Written SP feedback
Case Level	Resident
Trainer's Notes	<p>This is the information being given to the Doctor before the encounter:</p> <p>The patient is a middle age male in good health. He has a history of multiple sexual partners in the past (homosexual) while living in NYC (in the 1990's) and was drinking heavily; he rarely used condoms. Now he is in a monogamous relationship with Paul and uses condoms regularly. He has recently been tested for HIV after his partner's urging (They were getting simultaneously tested). He did have an episode of shingles about a year ago, and was treated in an urgent care center with famciclovir, with complete resolution of symptoms, but has had no other worrisome potentially HIV-related symptoms.</p> <p>You have already discussed HIV risk factors during the pretest counseling session. He was treated for a urethritis in 1991, but cultures came back negative. It was at that time that he had a negative HIV test. He has never used intravenous drugs or received a blood transfusion.</p> <p>Today, he returns to the office without his partner to learn his test results. The HIV test is <i>positive</i> (positive tests on both the ELISA and Western Blot, indicating HIV infection). You were somewhat worried because of his recent episode of shingles, indicating that he might have diminished immunity. Your goal during this visit is to demonstrate your ability to break bad news, respond empathetically, and help the patient make future plans for further evaluation and informing partners who may be at risk. You plan on referring the patient to an HIV specialist, so the primary purpose of today's visit is to share the news, rather than discuss the details of HIV infection or therapy. Although you know that antiretroviral medications are highly effective, you do not know what Bernie knows about treatments. You suspect that, because of his recent shingles, he likely will need medication.</p>