

Jennifer Hawkins (Breast Cancer)
Communicating Bad News Resident Evaluation 2005

Name/Age/Sex	Jennifer Hawkins / 41-year-old woman
Ethnicity/Race	Any
SP Objective	
Presenting Situation	You are coming in to your doctor's office to follow up on a breast biopsy done yesterday for a palpable lump. You had found the lump while doing a routine self-exam, and came in to be seen right away (last week).
Opening Statement	"Hi Doc."
If resident asks open-ended questions or allows silence, you will volunteer the following:	"This has been the longest couple of days of my life."
Patient Symptoms	
Onset of Symptoms	Last week she found the lump while doing a routine self-exam, and came in to be seen right away. Dr. sent her for a biopsy that was preformed yesterday. Today she is here for the results. She has been told that it is possible that it could be cancer.
Pattern	N/A
Location	Right breast
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	Taking Ibuprofen for Post biopsy pain
Herbal Remedies	
Past Medical History	No HIV risk; had a normal mammogram 11 months ago. Medical problems include heavy periods when she was younger for which she took oral contraceptives for 5 years, but stopped 2 years ago.
Prior Episodes	
Surgeries	NONE
Injuries	NONE
Illnesses	NONE
Family Health History	
Mother	Mother had breast cancer at Age 60, and was treated with surgery alone. She is alive and disease free at present.
Father	History of Coronary artery disease.

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Siblings	Her sister (9 years older) was diagnosed 6 years ago with left sided breast cancer and had total mastectomy on the left. Positive lymph nodes were noted at surgery. She had chemo and radiation. Despite that, 4.5 years ago, bone metastases were diagnosed; she was treated with hormones. 2 years ago she developed brain metastases and died 6 weeks later despite radiation therapy to the brain. Since this sister died of cancer a couple of years ago, the patient was quite frightened regarding this possibility- she has been aware of her risk and has had regular mammograms- no genetic testing though. She feels that she knows a fair bit about the side effects of treatment given her sister's history.
Children	2 male children age 15 and 17- healthy
Social History	Social supports include several close women friends none of whom have had breast cancer.
Education	2 years of College
Employment	Bookkeeper at Highland Hospital
Hobbies	Tennis, reading
Marital Status # & Ages of Children	Divorced, but engaged again to a different man 2 male children age 15 and 17
Alcohol Use	Drinks a glass of wine 2-3x per week
Illicit Drug Use	No illicit drugs
Tobacco Use	Quit smoking 5 years ago
Spiritual/Religious Beliefs	
Flow of Conversation	At the visit last week she and the doctor had discussed the various possibilities of what this was, including both benign disease and cancer. But, he mentioned that there was a swollen lymph node in her armpit, which worried her further. The plan at the last visit was to obtain a biopsy then to return today to go over the results and decide what, if any, further steps need to occur. At today's visit the patient learns that the biopsy does in fact show cancer. She is scared and her first thought is "I'm going to die, aren't I?" Her other immediate concern is how she is going to tell her partner about the diagnosis.
Demeanor	Frightened, Anxious
Disclosure Guidelines	The patient's responses should be appropriate to her educational level and ethnicity, but cross-cultural issues are not the primary focus of the exercise.
Appearance	Somewhat restless
Clothing	Comfortable clothes
Props	None
Make Up	

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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.
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>Your patient is a 40 something year old woman who is coming in to get the results of a breast biopsy done yesterday. She had done a routine self breast exam last week and found a lump. She then came right in to be examined. You found a tender axillary lymph node. During that visit, you and the patient discussed the various possibilities of whether this lump could be benign or malignant and you set up the biopsy, planning for her to return today to go over the results. You know that her sister died of breast cancer a couple of years ago and that she has been worried about her risk for the disease. Your plan is to have her see a breast surgeon right away, and you actually already have made an appointment for the patient to be seen later on today. During this visit, you need to communicate the news to her, address her concerns, and respond empathically. You do not need to go into detail regarding all of the treatment possibilities, however do need to consider that metastatic disease is likely.</p> <p>ALSO – TRAINERS SHOULD BE AWARE THAT BREAST CANCER WITH A POSITIVE NODE CARRIES APPROXIMATELY 60% 5-YEAR SURVIVAL AND 40% 10-YEAR SURVIVAL – THAT MEANS THAT IT IS LIKELY THAT THE CANCER WILL EVENTUALLY BE FATAL, BUT THAT THERE WILL BE LONG PERIODS DURING WHICH THE PATIENT WILL LIKELY FEEL VERY WELL (MOST OF THE TIME, IN FACT). TREATMENT WILL CERTAINLY INCLUDE CHEMO AND RADIATION AND SURGERY.</p>