

Smoking Cessation
Sam Johnston/Sarah Jones

Name/Age/Sex	Sam Johnston/Sarah Jones/20-50 year old / M or F
Ethnicity/Race	Any
SP Objective	Role play for Counseling for Tobacco Dependence-brief intervention
Presenting Situation	Depressed-mildly about mother's recent heart attack, and mild shortness of breath while exercising
Opening Statement	"I started exercising last week and noticed I was a little short of breath. I'm worried I might be having heart trouble."
Patient Symptoms	<ul style="list-style-type: none"> • Patient recently started exercising (sp's can choose their favorite exercise out of aerobics, dancing, bicycling, swimming, jogging). • He/she noticed slight bit more shortness of breath 5-10 minutes after starting, then when he/she had been last regularly physically active. • Also, mild to moderately anxious about mother's (21 years older than patient) recent heart attack. Mother is okay 6 weeks later and patient is trying to exercise with mother to be supportive. They go 3 times per week for 15-30 minutes. <p>Patient has no chest pain, excessive sweating, nausea, a little trouble sleeping.</p> <p>Patient smokes about 1 pack per day. S/he has healthy cholesterol (Total 180, blood pressure is normal (110-115/70), and no diabetes.</p>
Withdrawal symptoms	When quits smoking s/he feels irritable, trouble focusing at work, has cravings and some head aches.
Pattern	Smokes within 10 minutes of getting up, with alcohol and friends, food and after sex
Location/Radiation	None/None
Quality	Craving
Intensity	Cravings are pretty intense last 5 minutes or so, can be 4-5 times per hour.
Treatments Tried	Tried patch for 3 days but smoked while on it. Helped reduce the cravings but never really committed to quitting.
What Makes it Better	Smoking makes cravings better, exercise makes the shortness of breath better over time.
What Makes it Worse	Going without a cigarette for an extended period of time makes cravings and withdrawal symptoms worse.
Prescribed Medications	Previdid 30 mg per day for 2 months
OTC	Tylenol for headache or aches and pains
Herbal Remedies	None
Past Medical History	
Prior Episodes	Has tried to quit 2 times, twice cold turkey made it 2 months,

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	but relapsed during breakup of previous relationship. Second time made it only a few days with the patch but wasn't focused, and developed a rash from the patch
Surgeries	none
Injuries	None
Illnesses	GERD (heartburn 3-4 times per week before previcid prescribed) None of the following: seizures, mania, head injuries, bulimia, anorexia
Family Health History	
Mother	Coronary artery disease Heart attack 6 weeks ago –OK now. 21 years older than patient smoker thinking about quitting
Father	Emphysema 23 years older than patient
Siblings	1 brother 3 years older who is healthy but smokes
Children	2 children a boy and a girl, the daughter has asthma.
Social History	
Education	College completed for computer programming, or business. High school and 1 year of college for the bar tender
Employment	Can be a computer programmer, or investment counselor, or bar tender
Hobbies	
Marital Status	Married -- spouse smokes, but spouse is willing to quit at same time
# & ages of Children	Two -- Children's ages depend on age of patient.
Alcohol Use	1 drink per day for SP less than 35 Previously dependent on alcohol for those over 35, quit 8 yrs ago still active in AA.
Illicit Drug Use	None
Tobacco Use	Smokes 1 ppd
Spiritual/Religious Beliefs	Catholic goes to church occasionally, going more since mother's heart attack

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Flow of Conversation	<p>For the first three minutes, SP wants assurance that shortness of breath isn't related to heart disease. This allows time for student to ask about cardiac risk factors including smoking. If the student doesn't get to smoking in 3 minutes, SP can say "my mother is trying to quit smoking, I've tried before but really don't think I can."</p> <p>SP should say they want to quit, but really don't feel able. This whole episode with his/her mother has lead to his/her increasing in smoking (from 15 to 20 per day.) He/she is not planning to quit until student advises them to (student needs to make some comment about smoking affecting patient health and suggesting they quit). After student has given some advice, and listened to patient's side, the patient becomes interested in new ways to quit--Zyban or inhaler.</p> <p>If student never provides advice, SP should say they are really too stressed now and maybe they will think about it later. But end the role-play without committing to quit date.</p>
Demeanor	Mildly anxious, but not overly.
Disclosure Guidelines	<p>Once student has provided advice-in a supportive manner, patient now is willing to quit in 2 weeks on a Saturday, and will ask spouse to try with him/her to quit.</p> <p>If student is judgmental, or controlling, negative or just doesn't ask the patients perspective on things, the SP should decide not to quit-"it will just be too hard for me now. Are you sure I don't have any heart disease?"</p>
Appearance	Well kempt
Clothing	Comfortable -- casual
Props	cigarettes
Make Up	
Problems/Challenges	
For Students:	Identifying smoking, eliciting patients perspective, and providing advice supportively
For SP's:	Determining if student has a) asked if they smoke, and b) provided advice to quit in supportive manner
Student Objectives	Cover the 5A's if patient willing to quit, the 5 R's if unwilling to quit.

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Assessment Methods	
SP Feedback	Possibly verbal if asked
SP Case Specific Checklist	No
Observer Checklist	No
Communication Checklist	No
Other	Faculty and Peer feedback
Case Level	First year Ambulatory Clerkship students
Trainer's Notes	Please commit to memory and come in prepared to role play. If you have any questions call the office 273-1459 or have them ready. Please arrive a little early so we can start on time. There is no physical exam for this case.