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## WHAT PATIENTS BRING TO THE MEDICAL ENCOUNTER DEALING WITH THE WHOLE PATIENT FACULTY PACKET

### *Faculty Introduction to the Case*

The overall objective of this case is to provide students with an opportunity to focus on the important aspects of the social history and how it relates to the current medical issues at hand. In this session we want to focus on their skills in obtaining adequate and useful information about the patients' social context in the medical interview. The case is written at the level of M1/M2 students. However could easily be adapted for higher level learners.

In the implementation of this case at our medical center we have asked students or the facilitator to at the least read the findings aloud. Some groups have opted to present the information as a role-play exercise. Thus far, we have not included a standardized patient, but that could be one adaptation of the case.

### **Session Overview & Format:**

This is a phased case that comes in 3 parts:

- Component 1: written assignment to hand in and review during the first part of class
- Component 2: small groups of 3-12 students (45 minutes)
- Component 3: small groups of 3-12 students (45 minutes)

### **Intended Learning Outcomes**

Students should be able to:

- Describe health data within immigration context
- Discuss social determinants on health
  - Identify how education, literacy and social economic status might impact health
  - Assess Patients ability to read and understand information/instructions
  - Assess how finances and/or insurance influence health care and adherence to recommendations
- Understand the importance of physician-patient negotiation
- Assess and enhance patient adherence with communication skills
- Develop communication, interaction, and interviewing skills
- Assess identified stressors in patients life

### **Written Assignment**

The written assignment is used to promote self-directed learning and reflection in the area of social determinants of health. Additionally, the assignment is meant to promote student learning in the areas of prevention and screening. The assignment insures that students have read the assignment and come to the small group prepared. This assignment is not graded, but was reviewed prior to the session by the faculty facilitator.

Facilitators can decide whether or not they want to review these assignments in the small group setting and should plan their time accordingly.

## FACULTY INSTRUCTIONS

### Component #1

**Session Format:**

Written Assignment (45 minutes)

**Topic:**

Health Literacy

Cancer Screening

**Faculty Instructions:**

Students should submit their written assignment at the beginning of class. They were provided several articles on literacy and barriers to cancer screening. The articles are attached for your review also. The students were then asked to list several barriers and determine how their medical interview might elicit several of these things.

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**Required Reading (prior to the class session):**

Safer RS. Keenan J. Health literacy: the gap between physicians and patients. *Amer Fam Phys.* 72(3):463-8, 2005 Aug 1.

Echeverria SE. Carrasquillo O. The roles of citizenship status, acculturation, and health insurance in breast and cervical cancer screening among immigrant women. *Med Care.* 44(8):788-92, 2006 Aug.

Behbakht K, et al. Social and cultural barriers to Papanicolaou test screening in an urban population. *Obstet Gynecol* December 2004;104:1355-61

Weiss, BD. Removing barriers to better, safer care, Health literacy and patient safety: Help patients understand: Manual for clinicians, Second edition. This Electronic Resource can be found on the American Medical Association's website.

**Written Assignment:**

After reading the articles above, write down at least 5 bullet points addressing:

1. What are some potential barriers to patient adherence and preventative health screening?
2. What aspects of a social history would you include in your patient interview to ensure emphases on the social determinants of health?
3. What are some common diagnoses or medical terms that could easily be misunderstood by patients?

## FACULTY INSTRUCTIONS

### Component #2

#### **Session Format:**

Small Group Session (45 minutes)

#### **Topic:**

Health Literacy

Cancer Screening

Social History

History Taking Skills

#### **Faculty Instructions:**

There are no diagnostic surprises in this case. Ms. Vlas is at significant risk for cervical cancer and needs to undergo treatment. The overall objectives of this section of the case are to further develop students' socio-cultural history taking and interviewing skills. We want you to be able to observe and discuss the use of good open-ended questions with the students. It will be important to emphasize the need for non-judgmental interviewing. The students should be able to come up with potential questions to ask the patient that will make the patient feel comfortable and provide the concrete information need for a detailed history. Please push the students to focus on the past medical history, risk factors for cervical cancer and her social history as it may apply. They will want to find sensitive ways to determine why she was lost to follow up for the past two years.

The issues related to lack of adherence with appointments should be explored by the students. This information can be elicited with interview questions regarding her English speaking and comprehension skills in addition to soliciting any issues as they relate to health literacy. The students' line of inquiry should also include pursuing her experiences with acculturation and any immigration issues that may affect current or past health status.

<p style="text-align: center;"><b>FACULTY INSTRUCTIONS</b> <b>Component #3</b></p>
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**Session Format:**

Small Group Session (45 minutes)

**Topic:**

Health Literacy  
Cancer Screening  
Social History  
History Taking Skills

**Faculty Instructions:**

The student should spend some time hypothesizing why the patient did not follow up. With Ms. Vlas the potential issues could be the following: lack of financial resources, they will need to find out her insurance status. If cost is an issue it would be difficult to rationally follow-up for a painless condition. In addition, it is possible that she could not read or understand the information that was mailed to her. It is important for physicians to assess patient's literacy skills. Even highly educated patients can have limited understanding of health related issues. Emphasize to the medical students that assessing the financial and literacy status of the patient are important to ensuring patient adherence to physician recommendations. Attached are two papers for your reference on literacy skills and pap smear follow-up. In addition, her literacy skills could be complicated by language barriers – it is not clear if she is fluent in English from the history you have thus far.

Other issues important in the social history include her immigration to the US. The student should inquire if the rates of cervical cancer are higher in Eastern Europe. Rates of cervical cancer are higher in Eastern Europe thought to be due to limited screening opportunities. However, other contributing factors might be differences in perception of cancer screening in general in other countries. Or is it just that it is potentially embarrassing/uncomfortable to see a doctor for gynecologic problems?

Cultural circumstances surrounding perception of cervical cancer and/or pelvic exams and pap smears may also be a contributing factor to Ms. Vlas' avoidance of care. Preventive health screening may not be the norm or commonly practiced or accessible in her country of origin. Because she does not feel 'ill' or 'sick' she assumes nothing could be wrong, and therefore does not see the importance of following-up with health care. Perceived susceptibility to cervical cancer may also be a factor – she may not think that she's at risk because she doesn't lead an 'immoral life'. She may hold fatalistic attitudes towards her health – 'whatever will be, will be, there's nothing one can do to change one's fate'. In addition, emotional barriers such as fear, anxiety, distrust, and concern regarding stigmatization may prevent her from obtaining care.

**Potential non-judgmental history questions:**

- Do you understand my concern regarding your pap smear?
- What can we do to ensure that you will follow up with your colposcopy?
- What causes you the most stress?
- Are you involved in any religious or social group?
- Where are you from originally? When did you come to this town?
- What made you decide to come to this country?
- What is medical care like there compared with here?
- Do you feel that you're not able to afford food, medications or medical expenses?
- Do you ever feel that you are treated unfairly by our health care system for any reason?

- Do you have trouble reading your medications bottles or other patient information?
- Do you have trouble with reading in general?
- What is your relationship status?
- What is the gender of your past sexual partners?

Some students may bring up that HPV/Cervical dysplasia is a sexually transmitted disease. Often a physician will need to spend time with a patient counseling on the impact of the diagnosis on their current relationships. The students might need to work on ways to engage patients in this difficult conversation.

"High-risk" types of HPV and include HPV 16, HPV 18, HPV 31, HPV 33, and HPV 45, as well as some others (16, 18 are the most common in the US). Some of the risks for HPV include:

- Having sex at an early age
- Having many sexual partners
- Having a partner who has had many sex partners
- Having sex with uncircumcised males
- Smoking
- Human immunodeficiency virus (HIV) infection
- Chlamydia infection
- Low socioeconomic status
- Certain Herpes viruses including HSV-6, HSV-2, HSV07 and cytomegalovirus (CMV). HSV-6 in particular may play a role in activating the HPV gene
- Diethylstilbestrol (DES): Personally or mother

The overall objective of this case is this is an opportunity to focus on the important aspects of the social history and how it relates to the current medical issues at hand. In this session we want to focus on their skills in obtaining adequate and useful information about the patients' social context in the medical interview.

**Session Overview & Format:**

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## STUDENT PRE-CLASS ASSIGNMENT

### **Required Reading (prior to class session)**

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## STUDENT HANDOUT #1

### Ms. Vlas' History

#### **The Patient**

Ms. Vlas is a 37-year-old woman who comes to see you today. You realized looking at her chart that she has had abnormal Papanicolaou smears in the past, but you see no evidence of follow-up. This is your first visit with Ms. Vlas. As you prepare for clinic you realize that your major objective today will be to refer her to the colposcopy (specialty GYN) clinic for further workup. However it is troubling to you that she has had several abnormal pap smears in the past- 2 years with no follow up.

**Chief Complaint:** She has no real complaints today. She was just responding to a frantic call from your clinic staff regarding her test results. She is in a bit of hurry because she has to return to work.

#### **Discuss the following questions in small group session:**

- What focused questions do you want to ask her during the medical interview?
- How are you going to negotiate the visit given she is in a hurry?
- How will you establish rapport?
- How are you going to address the gap in her care over the past two years?

## STUDENT HANDOUT #2

### **Session Format:**

Small Group Session or Role Play

### **Topic:**

Case Presentation: Ms. Vlas' Personal History

Ms. Vlas is a 37-year-old woman who is (gravida 3, para 2012) and has had one spontaneous first-trimester abortion. She presents today because your nurse called to tell her to come in for her pap smear results and exam. When you asked why she did not follow up she tells you that she was not notified. This is perplexing given that there are certified letters in her file stating the results were sent to her.

She currently has no complaints. However on further questioning she does have dyspareunia that has been ongoing for the past year, especially with deep penetration and occasional blood (vaginal spotting) after intercourse. She ignored that and thought she was going through "the change".

Ms. Vlas is a native of Romania but had resided in the United States for 7 years. She reports having a long-standing monogamous sexual relationship. Three years earlier, during her most recent pregnancy, tests for human immunodeficiency virus infection, syphilis, gonorrhea, and Chlamydia were all negative. However, when she first arrived in this country she was found to have genital warts for which she needed topical treatment.

Your physical examination reveals no abnormalities. On pelvic examination, there were no vulvar, vaginal, and cervical fleshy lesions. However, her cervix is erythematous and friable. You complete the referral form for Ms. Vlas for her colposcopy. She needs to follow up with both you and the Gynecologist.

### **Discussion questions:**

- How are you going to ensure that Ms. Vlas follows up and goes to get her colposcopy with possible biopsies?
- How do you feel as the physician regarding your patient's lack of follow-up?
- What are the potential reasons for her lack of follow up regarding her previously abnormal pap smears?
- What are the important aspects of her social history that are relevant to abnormal cervical cytology and decreased adherence to medical advice?

## STUDENT HANDOUT #3

Ms. Vlas found you to be a kind and comforting physician. She felt some relief for the first time being honest with you, her health care provider regarding her difficulties reading English and upon further questioning you find out her reading skills in her native tongue are also quite poor as she completed high school. Despite the loss of one days wage from work she did follow up and had her colposcopy with biopsies which revealed that she had CIN II (cervical intra-epithelial neoplasia II, also known as moderate cervical dysplasia) and was positive for high-risk HPV. It was explained to the patient that cervical dysplasia is not cancerous, but can become cancerous if left untreated.

She was informed that dysplasia can occur when the cells of her cervix grow to become abnormal in size and shape. These cells can progressively change through stages of dysplasia that can eventually lead to cancer if untreated. There are 4 broad categories of cervical abnormalities: ASCUS (atypical squamous cells of

undetermined significance), LSIL (low-grade squamous intraepithelial lesion), HSIL (high-grade intraepithelial lesion) and cancer (CIS -carcinoma in situ). ASCUS is the mildest form of cervical dysplasia that often can be cleared spontaneously in women with healthy immune systems. Women however do require careful follow-up to make sure that subsequent HPV testing, pap smears and colposcopies return to normal. LSIL usually encompasses mild dysplasia (CIN I), whereas HSIL generally encompasses moderate to severe dysplasia (CIN II, CIN III) and then CIS. Severe dysplasia such as CIS usually requires definitive treatment especially if the woman has determine that she wants no more biologic children.

In Ms. Vlas' case she was treated with a LEEP (loop electrosurgical excision procedure) to remove the cervical lesion, and will thereafter require close follow-up every 4 – 6 months for 1 – 2 years until her pap smears return to normal, and then yearly pap smears thereafter. Women with cervical abnormalities must commit to regular follow-up examinations to prevent progression of cervical lesions to cancer. You agree to have the nurse call her and for the patient to come in every 4-6 months to ensure proper communication of directions and follow up appointments.

In terms of cancer progression, only ~1% of untreated mild cervical dysplasia (CIN I) progress to severe dysplasia or cancer each year, whereas for women with untreated moderate dysplasia (CIN II), the risk for progression increases to 16% by 2 years and 25% after 5 years. Most untreated CIS – carcinomas in situ, will develop into invasive cancers over a period of 10 to 12 years. However, as cervical cancer progresses very slowly, it is usually preventable if discovered in its precancerous or early stages by regular pap smears, HPV stereotyping when appropriate, and pelvic exams.

Ms. Vlas did not know the risk for cervical cancer. She agrees to continue following up on her health care. But she states she will only do that in settings in which she is comfortable. You may want to have her follow sooner because she seems to have a few more concerns that you are not sure you have time to address. She lets you know you have done a good job in addressing her concerns and questions.

## ADDITIONAL EXERCISE

Despite, the relative good news and Ms. Vlas' willingness to follow-up, she seems a bit depressed. You ask what is wrong and she states that her friends are blaming her current partner for her cancer. They state that since cervical cancer is most often sexually transmitted her partner must have given it to her.

During her final follow-up visit how can you help her negotiate this with her friends?

The discussion regarding negotiating her friends' blaming her current partner for her cervical dysplasia is one in which patient education will be key. Re-emphasizing the fact that HPV is very common and it is almost impossible to identify a specific partner who may have given this virus to her. She may have been harboring the virus for years. It depends more on the age of onset of initial sexual activity, one's lifetime number of partners as well as the frequency and compliance of pap smears/gynecologic visits. So counseling and education will help the patient in explaining to her friends that there is no way to know who gave her the virus. But appropriate safe sex practices are also key, and women (aged 9–26) may qualify to receive vaccination against HPV. One vaccination against HPV serotypes 6, 11, 16, and 18 currently on the market (as of 2010) is *Gardasil*. It is a quadravalent vaccination meant to stimulate immunity against 2 high risk serotypes associated with cancer (16, 18) and 2 low risk serotypes associated with genital warts (6, 11); The cost is approximately \$120 for each shot and 3 shots are required to complete the series. It is variably covered by insurance. A new divalent vaccination, *Cervarix*, is also on the market in the United States and provides immunity against the high-risk serotypes 16 and 18. It is approved for use in women 10-25 years of age and requires 3 shots to complete the series. It received FDA approval late in 2009. The FDA has also approved the use of *Gardasil* in males aged 9-26 to prevent infection with HPV as of October 2009.

For your own interest and if this comes up....

All women over 30 are should be screened via pap smear and HPV DNA testing for cervical cancer. Screening intervals are between 1-3 years depending on the sexual activity and number of partners a woman has during that interval of time.