**Station Name:** Mr. Sam Kline

**Issue:** Surgical assessment

**Presenting Situation:** Mr. Kline, a 72-year-old man, was referred to the surgeon by his PCP, who recommended that he have his gall bladder removed because of a gall stone found on a CT scan. The resident physician will meet with Mr. Kline to discuss the pros and cons of the surgery.

**Activity:** Patient encounter

**Time Required:** 15 minutes
Instructions to Candidate

You are a resident covering general surgery. Mr Sam Kline is a 72-year-old man who is here to speak with you about having his gall bladder removed. He was referred to your office by his PCP, who found a gall stone incidentally during a CT scan for abdominal pain. Hepatosplenomegaly and a single small gallstone were noted. There was no evidence of biliary obstruction or cholecystitis.

Mr Kline's chart shows a history of mechanical mitral valve replacement, CAD, and idiopathic leukopenia with a WBC count of 1.2. Work-up for this has been unrevealing.

Resident Tasks:

- Assess the patient’s risk of surgery
- Frankly discuss the pros and cons of surgery with this patient
- Make a recommendation to the patient
- No physical exam is required

Time required: 15 minutes

- You have 12 minutes with this patient
- 2 minutes to complete a brief self-assessment
- 1 minute for verbal feedback with the standardized patient
**Instructions to Standardized Patient**

Your name is Sam Kline. You are a 65-year-old married man. You are here to speak with a surgeon about having your gall bladder removed, as your primary care physician recommended.

Last month you had a CT scan because of some lower abdominal pain. Your doctor wanted to rule out diverticulitis. He did rule out diverticulitis (he found diverticulosis, but no infection) but saw a single gall stone on the CT that he said should be removed. He said to set up a consultation with the surgeon, who could explain the procedure.

**Relevant past medical history:**

- Six years ago you had extensive cardiac surgery. It went well, but you now have a mechanical mitral valve.
- You have been taking Coumadin since your surgery 6 years ago, and you have been taking a pill for your diabetes for 5 years. You have also been taking lisinopril for hypertension since your heart surgery.
- Your doctor told you that your liver and spleen are enlarged and your white count is low, but you are not sure how this really impacts you.
- You quit smoking after your cardiac surgery 6 years ago. Before then you had been a smoker since high school.
- You have been having lower abdominal pain for about 5 months. It is crampy and sometimes sharp. It happens once every 2 months. On a scale of 1 to 10 it is about a 4 when it occurs. You have noticed no other symptoms or factors surrounding the pain. The doctor told you it is probably not related to the gall stone, but you think it is.

**Social history:**

- You and your wife are from a small town near Pittsburgh. You may choose your own occupation and the duration of the marriage. You have 2 adult children.
- You want to have your gall bladder out because your doctor told you it might cause trouble later—although the doctor was unclear about what is causing your stomach pain. Your pain is not a typical gall stone pain.

**Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.**
PROMPT: “I’m worried about this gall stone I have. It bothers me sometimes. My doctor said it should be removed, so I’d like to schedule that surgery.”

Other questions you might ask:

- “Are you saying my doctor was wrong? I know I have pain . . . It’s not my imagination . . . how can that be ignored?
- “What if it gets worse? Is it safe to wait? What’s the risk of having the surgery? What would be the risk of waiting?”
- “What if I really want this to be done? What would I have to do to get ready for the surgery?”
- “What if I stop the Coumadin for a while so that I can have the surgery?
- “What would you do if it was you? What would you tell your Mom to do?”

There is no single right answer. Even though yours is a surgically fixable case, it’s not a question of can the surgery be done, but more a matter of should the surgery be done. The resident needs to discuss the risks of a non-mandatory surgery thoroughly and frankly, while being respectful and empathetic about your concerns. The resident should say what the risks are and why the risks outweigh the benefits.

If the resident gives enough compelling reasons that convey the risks, you would be talked out of having the surgery.

- The large spleen and big liver could not be fixed by taking the gall bladder out anyway.
- Because of your heart, if you are off of Coumadin for even a week there would be a real risk of stroke or cardiac complications.
- The pain is very likely unrelated to the gall stone.
Checklist Items

| 1. Determined patient’s risk factors (cardiac and other) | Yes | No |
| 2. Determined appropriateness of surgery | Yes | No |
| 3. Explained the importance of assessing risk of non-mandatory surgery | Yes | No |
| 4. Communicated that no risk factors were present that would indicate the need for immediate surgery | Yes | No |
| 5. Stated clearly the risks and benefits of the surgery | Yes | No |
| 6. Ascertained the reasoning behind the patient’s request without criticizing the referring physician or the patient | Yes | No |
| 7. Explained what the surgery involves | Yes | No |
| 8. Discussed high risk of stroke and anesthesia, valve, and bleeding complications | Yes | No |
| 9. Frankly discussed the pros and cons of surgery | Yes | No |
| 10. Made a clear and respectful recommendation not to have the surgery | Yes | No |

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<th>Communication skills</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
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<th>Ability to address the surgical risk issue in this case</th>
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