

Sample case study

Sandrine Thomas



CANDIDATE INSTRUCTIONS:

You are completing your surgical rotation at a teaching hospital. You are meeting Sandrine Thomas, a 45-year-old woman. Two weeks ago, Sandrine was seen by your team to provide consent for her surgery. She has called the office and asked to be seen again because she has a concern that she would like to discuss with you before the surgery.

IN THE NEXT 11 MINUTES:

- OBTAIN A FOCUSED AND RELEVANT HISTORY.
- FORMULATE A DISCHARGE ANALGESIC PLAN.
- COUNSEL AS APPROPRIATE.

There are NO examiner oral questions in this station.

Sandrine Thomas

You're a 45-year-old woman and a restaurant owner and chef. You're scheduled for a bunionectomy in 2 weeks. You're struggling with standing, at work particularly, because of the pain in your right foot. You don't have a lot of information about what to expect after surgery, but you know you will be off of work while your foot heals and will be prescribed pain medication. You're worried about using opioids in pain management. You realize the need for pain medication, but you really fear a relapse. You don't want to begin "using" again like you did 10 years ago. You're here today because you don't know how to handle the situation.

TIMELINE

10 years ago	5 years ago	3 years ago	Past 2 years
<ul style="list-style-type: none">– Fractured your ankle– Had surgery and were prescribed Percocet– Continued using Percocet after the 1-month prescription was done– Ended up taking 20 to 25 tablets daily (more than double the recommended dosage)	<ul style="list-style-type: none">– Went to your local addictions centre– Began getting long-term treatment (opioid agonist therapy [OAT])	<ul style="list-style-type: none">– Graduated from the OAT program– Haven't relapsed (used any Percocet) since graduation	<ul style="list-style-type: none">– Started developing a bunion on the big toe of your right foot– Bunion has gradually gotten worse (painful to stand on it for more than a couple of minutes)

HISTORY OF PRESENTING PROBLEM

Opioid use disorder (10 years ago)

- You fractured your ankle in a mountain biking collision and had to have reconstructive surgery.
- Percocet was prescribed to you for postoperative pain.

- You know that Percocet is also called oxycocet and that it's a combination of acetaminophen and oxycodone (5 mg per tablet).
- Your prescription was for 1 or 2 tablets every 4 to 6 hours as needed.
- You were given a 1-month prescription. The total prescription was for 240 tablets (enough for 8 tablets daily for 30 days).
- You only needed Percocet to treat the pain for a little more than a week—using 1 tablet every 6 hours. But you continued using it after that time because it helped with your stress at work.
- You gradually increased your Percocet use over the month (up to 8–10 tablets daily).
- When the prescription ran out, you purchased some tablets from a friend. You knew someone who had access to Percocet, and you were able to buy what you needed from her.
- You gradually used more and more—up to 20 to 25 tablets per day. At times, you would crush them and take them with a drink of wine. You never injected or snorted the drug.

Intervention (5 years ago)

- Your friends and family became worried about you in the year following your ankle fracture. They noticed that you were unkempt, didn't show up to work, and began associating with a new group of “friends.” In time, they all came to realize that you had an addiction to Percocet. You're not sure how they found out.
- After about 5 years of using Percocet, your family and friends staged an intervention to address your change in behaviour and addiction.
 - You were thankful for the help—you'd been feeling like your life was spiralling out of control.
- You underwent an assessment at a local addictions centre and began opioid agonist therapy (OAT) with Suboxone (buprenorphine-naloxone). You also received counselling from the doctor who followed you during your OAT.
- You took Suboxone for a little more than 1 year and continued with counselling.
 - The suboxone was dispensed and taken under supervision of a pharmacist. You don't remember the dose.

Graduated from OAT (3 years ago)

- You successfully graduated from the program and haven't relapsed since.

Bunion (past 2 years)

- A bunion started to develop on the big toe of your right foot.
- It has gradually gotten worse. Now standing on it for more than a couple of minutes causes pain.
- The pain gets worse the longer you stand on it. It's a throbbing pain.
 - It starts out as a 3/10 on the pain scale, and by the end of the shift it's about 8/10.
 - You've taken over-the-counter extra-strength Tylenol (acetaminophen) and ibuprofen (Motrin or Advil) for the pain, but in the last few months they haven't helped much.
- It has seriously affected your job as a chef, which requires you to stand for long periods.
 - You've missed days at work because of this.
 - You've purchased new footwear, which has helped you cope.

- You went to see your family doctor, who advised you that you require surgery to remove the bunion.

Bunionectomy

You met with the surgeon, who advised you about the pain medications that would be required after surgery. You were counselled on the amount of pain you'll experience after surgery, and the surgeon said you'll need an opioid to handle the pain.

If the candidate seems unsure about the postsurgical pain after a bunionectomy, you can say something like:

"The surgeon said there would be a lot of pain and that opioids are required after surgery."

- You didn't discuss your concerns about taking opioids with your surgeon at that time.
- The surgery is scheduled for 2 weeks from now.
- You're aware that you'll need to stay off your feet for a period while you recover and arrange for coverage at the restaurant.

Reminder: You're open about your history of opioid use disorder and can discuss your history if the candidate asks what medications you're taking, what problems you've had with pain medication in the past, or why you're concerned about the surgery.

MEDICATIONS

If the candidate asks about medications, you can share the following information freely:

- You take over-the-counter extra-strength Tylenol (acetaminophen) and Motrin or Advil (ibuprofen) for the pain related to your bunion but without much benefit.
 - You've taken the Tylenol and ibuprofen together but never Motrin and Advil together at the same time.
- You've taken Percocet and Suboxone in the past.

FAMILY MEDICAL HISTORY

- Your parents are healthy.
- You don't have a family history of substance use disorders.

SOCIAL AND LIFESTYLE HISTORY

- You own a restaurant and work there as a chef.
- You're a homeowner with your wife of 5 years. You live in a good community.
- You're co-parenting a 10-year-old daughter, your partner's biological child (she lives with you and your wife every other week).
- Your friends and wife are very supportive.
- You and your family are vegans.

- You enjoy gardening. You grow your own herbs for your restaurant. You also like foraging and beekeeping.
- You attend weekly meetings at Narcotics Anonymous, and you're a sponsor to a newcomer to the group.
- When you were in your 20s, you tried cannabis, and it wasn't for you. You also tried a hallucinogenic "magic mushroom" once.
- You've never tried stimulants (such as cocaine, amphetamine [speed], methamphetamine, crystal meth).
- You've never smoked tobacco cigarettes.
- You stopped drinking alcohol 5 years ago during your recovery from opioid addiction.

SAMPLE INTERVIEW QUESTIONS

Candidate questions / SP responses

1. Do you use any recreational drugs?
"No, not anymore."
2. Tell me about your past recreational drug use.
"Which one do you want to know about?"
3. What happened the last time you were prescribed pain medication?
"The last time I took opioids, I got hooked."

SP SAFETY AND MODESTY

Everyone working at the exam site, including SPs, has a right to a safe and respectful work environment. If something happens that makes you feel uncomfortable, violates your personal boundaries, is very painful, or is unsafe, you may protect yourself.

Information for the standardized participant (SP)

Characteristics: Female, 45 years old. Able to memorize large amounts of information.

Starting position: You're sitting in a chair.

Clothing: You're wearing casual clothing.

Make-up: N/A

OPENING STATEMENT:

"I was told that I would have a lot of pain after my surgery. But I've had problems with pain meds in the past, so I want to talk about how to deal with this."

SP BEHAVIOUR, AFFECT, AND MANNERISMS:

You're feeling worried about needing to take opioids (prescription pain medication) after your surgery. You've been addicted to Percocet (acetaminophen/oxycodone or oxycocet) in the past and don't want this to happen again. You're a little uneasy talking about your past addiction because it's a part of your life you'd rather forget. You initially answer in short sentences with quick responses.

If the candidate is empathetic and nonjudgmental, then you're a little more comfortable discussing your history of opioid use disorder. You'll become more forthcoming and calmer in your response.

If the candidate is unable to establish rapport, you'll still answer all the candidate's questions but will use shorter responses and maintain less eye contact.

You're open to considering any suggestions offered by the candidate (including taking opioids, any other pain medications, or naloxone), but you're afraid of relapsing.

Note: You can offer the opioid addiction information when asked any questions about medications, medical history, medical conditions, etc. You're not hiding this fact; you're just a little ashamed of it.

QUESTION(S) SP MUST ASK:

- When appropriate, ask
"What are the chances of getting addicted again?"
- When appropriate, say
"I'm just really afraid of an overdose."
- When appropriate, ask
"Is there anything else I can do to help my pain?"

Note: These are Must-Ask questions that have to be asked but not in any particular order.

QUESTION(S) SP MAY ASK:

- None

Information for the physician examiner only

Assessment criteria:

KEY FEATURES

Given a 45-year-old patient with a history of opioid use disorder and a planned bunionectomy, the candidate will do the following:

1. Take a history of drug use.
2. Explore the diagnosis for opioid use disorder.
3. Recommend pain service consultation **OR** regional anesthesiology **OR** adjunctive nonopioid pharmacotherapy in the outpatient context.
4. Formulate a safe opioid prescribing plan.

EXAMINER ORAL PROMPTS: If the candidate looks to the Examiner for oral questions at the 8-minute warning signal, state:

“There are no oral questions. Please continue with the patient.”

Takes a history of drug use

Asks about last opioid use

Asks about substances of use (examples MAY include cannabis, alcohol, cocaine, tobacco)

Explores the diagnosis for opioid use disorder

Elicits substance type **OR** method of opioid use (examples MAY include ingested, snorted, injected, smoked)

Recommends pain service consultation **OR regional anesthesiology **OR** adjunctive nonopioid pharmacotherapy in the outpatient context** (examples MAY include acetaminophen **OR** NSAID [nonsteroidal anti-inflammatory drug] **OR** gabapentin, pregabalin, clonidine, or magnesium

Formulates a safe opioid prescribing plan

States there is a risk of relapse

Mentions naloxone **OR** overdose kit

RATING SCALE(S):

History Taking

Management

Communication Skills
