# Instructor Plays Patient: An Alternative to the Case Presentation Method

Jonathan Smilansky, PhD, Richard Foley, PhD,
Nancy Runkle, and Lawrence Solomon, MD
Chicago, Illinois

This article describes a teaching technique which provides an alternative to the usual case presentation for teaching small groups. In this method the instructor plays a patient, an intern, and a laboratory technician, while a group of students play the role of physicians. Students have the opportunity to deal with a combination of medical and psychosocial problems, demonstrate their ability to interact with patients, and discover that in the total clinical process a correct diagnosis is only one step toward solving the patient's problem.

This technique allows the instructor to teach material not found in standard texts, assess students' problem solving efforts, and observe student interaction. Other advantages of this method are that it involves a group of students in "live" interaction with a patient and various members of the health-care team. The instructor can also observe the thought processes of students during their interaction around a case paralleling what one typically faces in a clinical setting.

If one accepts the premise that facilitating student problem solving is at the heart of effective clinical instruction, then a variety of teaching methods for achieving this end should be considered. Traditionally, clinical instruction has centered around case conferences, seminars, ward rounds, and bedside teaching. More recently a variety of approaches using simulations have been developed to enrich this spectrum of alternatives.[1-6]

One of the major methods for teaching clinical problem solving to medical students is the case presentation. In contrast to more didactic techniques, the case presentation presents students with actual clinical cases around which they can test their problem solving skills. However, as Engel[3] points out:

> . . .as a mechanism whereby the teacher may effectively supervise or evaluate the quality of the student's interaction with his patient and the methods he used to collect and evaluate clinical information, the case presentation has decided limitations. This is particularly so when rounds are conducted without the patient's being seen, the material presented being used merely as a springboard for discussion of disease or basic principles. Such a lack of attention to the patient on rounds can have the unfortunate consequence of reducing in the eyes of the student the individuality of the patient and his particular problems and of minimizing the value of the information that derives directly from the patient in the course of interview and observation. It encourages callous attitudes as well as the deplorable tendency to overemphasize the laboratory work-up.

Given these limitations, Engel proceeds to offer an alternative approach which involves greater student interaction with patients and more discus-

From the Center for Educational Development, University of Illinois at the Medical Center, Chicago, Illinois. Requests for reprints should be addressed to Dr. Jonathan Smilansky, Center for Educational Development, 808 South Wood Street, Chicago, IL 60612.

sion of the problem solving elements involved in a case.

Despite the improvements which Engel proposes, any approach involving live patients has its limitations as well. First, patients may not be available when an instructor is interested in dealing with a given clinical problem and those that are may display a variety of problems that could be too sophisticated for a beginning student's analysis. A second drawback in using live patients involves the breadth of the experience. Considering time limitations, students can witness only one segment of the clinical problem solving process such as data collection, discussion of initial hypotheses, or the results of a particular course of management. In this setting students cannot experiment with alternative courses of action nor confront their mistakes. Finally, when live patients are presented, students may forget that the patient is a real person or alternatively be intimidated by the reality of the situation.

In light of the numerous limitations involved in case presentations, there appears to be a need for the development of an alternative or complementary teaching method which does not have these drawbacks. Such a method would include (1) experiences with a variety of clinical cases; (2) opportunities for the instructor to vary the complexity of each case; (3) opportunities for students to collect data, suggest alternative hypotheses, recommend treatment plans, and see the consequences of their actions; and (4) situations which are real enough to explore affective issues between a student and a patient without high risk to either party.

This article presents such a technique, Instructor Plays Patient (IPP), which is primarily used for teaching clinical problem solving skills in a group setting (to medical students, residents, in a continuing education workshop, etc).

## Description of the Method

In the IPP presentation the instructor plays the part of a patient who is seeking care, an intern who can provide physical examination data, and a laboratory technician who can give results of laboratory tests. The students, acting as physicians, interact with the patient, the intern, and the laboratory technician in an effort to address the presented problem. Students are permitted time out for discussion among themselves and are allowed to take divergent paths in managing the case.

The following example, in which IPP was used with a group of third year medical students, serves to more specifically define the method. In this example students were presented with slides showing the patient's condition. Time was provided for all students to view the slides carefully, and they could return to them at any time during the session. The slides are used to make the situation more realistic and show what the physician would typically see when this patient entered his or her office.

The instructor began by introducing himself: "Good morning. My name is Mrs. Hannah Brown. You've got to help me! Do something for me, please?" The students, acting as physicians, quickly learn that she is female, black, 39 years old, and is suffering from extremely sore hands and feet.

The session continued with history taking in which the physicians (students) elicited further information from Mrs. Brown, such as, "How long have you had this problem? What type of work do you do? Have you used any medication for this problem?" As the interview proceeded, the patient (instructor) interjected pertinent information about herself. For instance, it quickly became evident that Mrs. Brown's work intensified her concern with her problem. She was employed as a cleaning lady in an office building and had to use her hands and be on her feet constantly.

Students continued by asking for findings of physical examination. When such a request was made the instructor switched roles and functioned as an intern giving results in response to direct questions, but not providing any interpretation. In the same way the instructor acted as a laboratory technician, providing, when asked, results of laboratory tests without interpretation.

While interviewing Mrs. Brown, the physicians (students) were confronted with a variety of psychosocial issues similar to what they would find in a real situation. At one point, Mrs. Brown was told by one of the students that he wanted to "ascertain the basis of your problem." Mrs. Brown seemed satisfied with this and the interview continued, but two or three questions later,

she suddenly asked, "What's ascertain?" Such a situation served to alert the students to the patient's level of verbal comprehension.

Another psychosocial issue arose when the "physicians" tended to lose sight of the patient's major complaint. They discovered a number of problems with this patient such as episodes of menorrhagia, a positive serological test for syphilis, and a complete blood count which indicated chronic anemia. As a result of these findings, the "physicians" proceeded to inquire about them without explaining to Mrs. Brown the relationship between these problems and her perception of her problem. She became extremely agitated and pleaded that they do something about her hands and feet—the reason she came to see them in the beginning. Such a situation served to illustrate the importance of keeping in mind at all times the patient's perception of his or her problem.

During the interview, students took time out to consult among themselves. The instructor encouraged them to do so when a need for direction became evident. At one point shortly after the time-out just mentioned, the students felt prepared to decide on a course of management for Mrs. Brown. Three of the four students ordered biopsies, all suggested that compresses be applied to her hands and feet three to four times a day, and she was sent home with a prescription for an ointment to allay her discomfort.

In some cases, as a result of faulty management, complications will arise which necessitate the continuation of the role-playing session. In the case of Mrs. Brown this was not the situation, and the last part of the class was devoted to a discussion of the strengths and weaknesses exhibited by the students during the problem solving session. The instructor pointed out specifically to individuals and to the group in general "clues" the patient had given them that they had subsequently failed to pick up, such as her symptoms of flushing, irritability, and temper. He indicated the importance of keeping in mind the patient's level of language comprehension, and also of not losing sight of the perceived needs of the patient.

This method (IPP), using cases such as the one described, is used weekly with medical students during a dermatology clerkship. Other cases include a homosexual with syphilis, an elderly man with skin cancer, and a young girl fearing she might have cancer. Cases such as these were designed to illuminate issues that one would have to confront in dealing with cases involving psychological or social problems in addition to the medical complaint.

It is evident that the IPP requires time and preparation on the part of the instructor. Absolute familiarity with the "patient" and his or her problems is necessary if students are to interact on a realistic level.

Choosing a case for the IPP must be done with the utmost care. The instructor should choose and develop a case on the basis of what he wants the students to accomplish both by way of establishing a relationship with the patient and by the factual material the instructor himself wants to cover. The case should be uncomplicated medically, since correct diagnosis is not the only goal of this instructional method. Psychosocial issues should be an integral part of the case so that students can develop an awareness of their importance in dealing with a patient. Complications of the latter sort, however, should be such that they do not allow for long distractions and digressions. After a case is chosen, a definition of basic demographic characteristics should be selected and memorized. The instructor should be as comfortable with the "character" as possible.

At the same time that the instructor is playing the patient, the intern, and the laboratory technician, it is important that he or she not abandon the teacher role. If at all possible, students should be on the same level academically. The instructor should be aware of emerging leaders in the group, attempt to involve quieter students in the interview, and encourage time out for discussion when a need for direction becomes evident. The instructor should also maintain awareness at all times of what is said and by whom, taking notes if necessary.

## Advantages of the Method

In using the IPP as an alternative to the usual case presentation, certain advantages should be apparent. Through this method the instructor is able to teach elements not specifically included in the curriculum and/or elements that do not lend

themselves to "book treatment." The student in such a situation is provided with the opportunity to witness the interaction of medical and psychosocial problems and as a result becomes more adept at dealing with a multiplicity of problems.

The major advantages of this technique are that it involves a group of students in "live" interaction with a patient and various members of the health-care team. Also, IPP provides an opportunity for the instructor to learn about student thought processes as he/she sees the students act and interact in a situation similar to the real situations in which they will soon find themselves.

Given these advantages, a self-instructional package has been developed to assist faculty in developing their IPP cases.* Experience has shown that faculty can easily acquire the necessary skills to develop and incorporate this method as an integral part of their clinical teaching.

**References**

1. Abrahamson S, Denson JA, Wolf RM: Effectiveness of a simulator in training anesthesiology residents. J Med Educ 44:515, 1969

2. Barrows H: Simulated Patients. Springfield, Ill, Charles C Thomas, 1972

3. Engel GL: The deficiencies of the case presentation as a method of clinical teaching: Another approach. N Engl J Med 284:20, 1971

4. Friedman RB: A computer program for simulating the patient-physician encounter. J Med Educ 48:92, 1973

5. Maatch JL: An Introduction to Patient Games: Some Fundamentals of Clinical Instruction. East Lansing, Mich, Office of Medical Education Research and Development, Michigan State University, 1974

6. McGuire C, Solomon L, Bashook P: Construction and Use of Written Simulations. New York, The Psychological Corporation, 1977

*Smilansky J, Runkle N, Solomon L, et al: Instructor Plays Patient: A Self-Instructional Package on Using Simulation for Case Presentation. Chicago, Aldine Publishing Company, 1977.