

Case: Linda Walker

Patient Information

- **Age:** 58 years
- **Gender:** Female
- **Indigenous Status:** Not Aboriginal and/or Torres Strait Islander
- **Year:** 2024
- **ICPC-2 Codes:** R – Respiratory

Competency Outcomes:

1. Communication and Consultation Skills:

- Employ empathetic and patient-centred communication to understand the patient's concerns about going to the Emergency Department (ED).
- Navigate patient refusal by addressing uncertainties and providing reassurance.

2. Clinical Information Gathering and Interpretation:

- Assess symptoms thoroughly to clarify the need for immediate evaluation and potential risks of delaying care.
- Identify factors contributing to the patient's refusal and her understanding of her condition.

3. Diagnosis, Decision-Making, and Reasoning:

- Balance the urgency of the medical situation with the patient's concerns, negotiating a safety plan that addresses immediate risks.

4. Clinical Management and Therapeutic Reasoning:

- Develop an alternative safety plan, including clear signs and symptoms for escalation, if ED referral is ultimately refused.

5. Preventive and Population Health:

- Educate the patient on symptom management, when to seek urgent help, and strategies for self-monitoring in a way that aligns with her comfort level.
-

Instructions to the Candidate

- **Review** the patient information and presenting symptoms provided in the summary below.
 - **Conduct** an assessment of the patient's symptoms.
 - **Address** the patient's concerns.
 - **Formulate** an appropriate management plan.
 - **You have 15 minutes** for this clinical encounter.
-

Patient Record Summary

- **Name:** Linda Walker
 - **Age:** 58 years
 - **Gender:** Female
 - **Indigenous Status:** Not Aboriginal or Torres Strait Islander
 - **Allergies and Adverse Reactions:** Nil known
 - **Medications:** Nil regular medications
 - **Past Medical History:**
 - Mild asthma, usually well-controlled with an inhaler as needed.
 - Occasional acid reflux.
 - **Social History:**
 - Works part-time as a teacher, lives alone.
 - Does not smoke or drink.
 - Recent stress due to family issues, including her mother's health problems.
 - **Family History:**
 - Mother: COPD.
 - Father: Deceased from heart disease.
-

Scenario

Linda Walker, a 58-year-old teacher, presents with **shortness of breath** that began three days ago and has gradually worsened. She describes a feeling of tightness in her chest and occasional wheezing but denies pain, fever, or cough. Linda tried using her asthma inhaler, but it hasn't provided much relief.

You assess that her symptoms may be indicative of a **more serious respiratory or cardiac condition** and recommend that she attend the Emergency Department for further evaluation. However, Linda is reluctant to go, citing her **frustration with long ED wait times** and a belief that her symptoms "probably aren't that serious." She also expresses worry about "being a bother" to ED staff. Linda is otherwise cooperative but remains hesitant about going to the hospital.

Clinical Examination Findings

- **General Appearance:** Slightly breathless, anxious but alert and cooperative.
 - **Vital Signs:**
 - BP: 145/85 mmHg
 - HR: 98 bpm, slightly tachycardic but regular
 - Temp: 36.7°C
 - RR: 20/min
 - SpO₂: 92% on room air
 - **Respiratory Examination:** Mild bilateral wheezing, reduced air entry at lung bases.
 - **Cardiovascular Examination:** Heart sounds normal, no murmurs or gallops.
 - **Neurological Examination:** No focal deficits.
-

Examiner Information Only

Prompts and Suggested Answers

1. **Addressing Refusal for ED Referral (Ask):**
 - **Prompt:** How would you approach Linda's reluctance to attend the ED?
 - **Answer:** Acknowledge Linda's frustration with ED wait times and validate her concern. Use empathetic statements like, "I

understand that waiting in the ED can be challenging,” and gently explain why ED care is important given her current symptoms and the possible risks of delaying treatment. Emphasize that her health and safety are a priority and explain that the ED is best equipped to assess her current breathing issues.

2. Explaining the Risks and Benefits (Advise):

- **Prompt:** How would you explain the need for ED assessment in a way that addresses her uncertainty?
 - **Answer:** Clarify that while her symptoms might not feel serious, **shortness of breath** and a low oxygen saturation are concerning signs that need further evaluation. Explain that while this could be related to her asthma, there is also a possibility of a more serious issue, such as a respiratory infection or cardiac involvement, that needs immediate attention to ensure her safety. Emphasize that delaying evaluation could potentially lead to worse outcomes and that ED doctors have the resources to give her a quick, thorough assessment.

3. Developing a Safety Plan (Assist):

- **Prompt:** If Linda continues to refuse ED, how would you develop an appropriate safety plan?
 - **Answer:** Create a safety plan that emphasizes monitoring her symptoms closely and provides specific guidelines on when to seek immediate help. Advise her to monitor for worsening shortness of breath, chest pain, or further reduction in oxygen levels if she has access to a pulse oximeter. Arrange for **frequent check-ins**, either by phone or in-person, over the next 24 hours. Encourage her to have someone nearby who can assist if symptoms worsen.

4. Alternative Arrangements (Assist):

- **Prompt:** What alternative arrangements could you consider if she is unwilling to go to the ED?
 - **Answer:** Suggest arranging a **home visit by a community nurse** if available or refer her for an **urgent same-day review at a nearby urgent care clinic** if it would make her feel more comfortable. Reinforce that while these options may provide some immediate support, they are not a substitute for an ED evaluation if her symptoms worsen.

5. Follow-Up and Escalation Plan (Arrange):

- **Prompt:** What follow-up plan would you recommend if Linda still declines the ED referral?
 - **Answer:** Arrange a follow-up call or in-person review within **24 hours** to check on her symptoms. Advise her to keep a phone nearby and ensure someone is available to assist her. Emphasize that if symptoms worsen or if she experiences chest pain, severe shortness of breath, or fainting, she should call emergency services immediately. Provide written information or contact details for after-hours support if needed.
-

Examiner Checklist

- **Clinical Knowledge and Skills:**
 - Recognized the need for urgent assessment and provided a clear rationale for ED referral.
 - Created a safety plan to monitor symptoms and escalated care appropriately if the patient refused ED.
- **Patient Communication:**
 - Displayed empathy, listened to the patient's concerns, and addressed her uncertainty with reassurance and understanding.
 - Used clear, patient-centred language to explain the risks of delaying care.
- **Evidence-Based Practice:**
 - Applied clinical guidelines for managing respiratory distress and emphasized the importance of urgent assessment while respecting patient autonomy.
 - Developed an alternative safety plan that balanced the need for care with the patient's wishes.

This case challenges registrars to navigate patient reluctance for ED referral by emphasizing communication skills, empathy, and the creation of a detailed safety plan. The encounter reinforces the importance of balancing patient autonomy with safe clinical decision-making.