

**Case Number:** Custom case (1114)  
**Case Title:** Coronavirus at Home

**Chief Complaint/Reason for Visit:**

Danny O'Neal has separate concerns for their father, their children by adoption, and themselves.

**Case Summary:**

Order of cases:

1. **Elderly parent – part 1 (page 5) \*Audio only visit, turn off camera**  
**Danny's father, Albert is dealing with dementia which has been complicated by Covid-19 isolation.**
2. **Adult patient – part 1 (page 6)**  
**Danny is feeling stressed and fatigued from the increased responsibilities in their high-risk job as a police officer.**
3. **Infant with symptoms – part 1 (page 7)**  
**Danny's 6-month old daughter, Vanessa (child by adoption) has a cough and nasal congestion. Danny and their partner are worried about this being Covid-19.**
4. **Elderly parent – part 2 (page 8)**  
**One-week after part 1, Albert has fallen and suffered a laceration on his arm from striking the coffee table.**
5. **Child with symptoms – part 2 (page 9)**

**2 weeks after part 1, Vanessa's symptoms have cleared up. However, Danny's 4-year-old son, Jack (child by adoption) is now sick with a dry cough and fever.**

**6. Adult patient – part 2 (page 10)**

**3-weeks after part 1, Albert and both children now seem well. Danny is sleeping poorly and is turning to alcohol to cope but will not be forthcoming with this information and states everything is "fine".**

**Learning Objectives:**

- Demonstrate the basic ability to assess a patient directly or indirectly with a family member (depending on the clinical scenario).
- Demonstrate the application of communication skills in patient and preceptor communication.
- Discuss how to determine if patients can be managed safely remotely or require an "in person" visit.

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**Latest revision date:** 2020-04-21

**Skills Involved:**

- Physical examination
- Interviewing
- History taking
- Counselling
- Assessment and clinical reasoning
- Management
- Other \_\_\_\_\_

**Setting:** Virtual health-care visit

**Room set-up:** N/A

**Equipment or Props:** Devices for virtual visit

## **Patient/Client Profile**

**SP Name:** Danny O'Neal

**AGE:** 25 – 50 years old

**GENDER:** As portrayed by SP

**Marital status:** Married for 5 years to Dale

**Sexuality:** As portrayed by SP

**Children:** 1 son, Jack and 1 daughter, Vanessa

**Occupation:** Police officer since age 20

**Partner's occupation:** Owner of a restaurant (currently out of work)

**Where do you live?** Hamilton

**Who lives with you?** Spouse and children

**Social/Socio-economic background:** Comfortable middle class

**SP Parent (not present for interview):** Albert O'Neal

**AGE:** 70 years-old

**GENDER:** Male

**Marital status:** Widowed, lost spouse of 50 years to a stroke 1 year ago.

**Children:** 1 child, Danny who lives in Hamilton.

**Occupation:** Former accountant

**Where do you live?** Hamilton

**Who lives with you?** No one

**Living conditions:** Has owned a small two story home for the past 50 years

**Support system:** Primarily Danny. Albert has a couple of friends and a neighbor who used to visit regularly. With Covid-19 isolation recommendations, Albert has not seen anyone for weeks.

**SP Child (not present for interview):** Vanessa O'Neal

Child by adoption at birth

**AGE:** 6 months-old

**SEX:** Female

**SP Child (not present for interview):** Jack O'Neal

Child by adoption at birth

**AGE:** 4 years-old

**SEX:** Male

## **Instructions for Patient Portrayal**

### **STARTING POSITION:**

- Virtual interview. Please ensure your workspace is appropriate for the simulation

### **CLOTHING/GENERAL APPEARANCE:**

- Regular attire with easily changeable accessories. Scenario #6 may appear more disheveled.

### **BEHAVIOUR & AFFECT**

- Friendly, cooperative and moderately concerned.
- Scenario #6, slightly evasive in answering questions.

## **Elderly Parent part 1 (scenario #1)**

### **History of Present Complaint**

#### **Development of Story**

- Albert is struggling with adjusting to living alone following the death of their spouse (1 year ago)
- Albert is struggling with self-care (not showering or changing clothes, difficulties cleaning)
- Family can no longer visit because Danny is a police officer and risk of Covid-19 to Danny is very high
- Family is delivering ready to eat meals and calling every day
- Albert often vague on daily phone calls only saying he is “fine”, family not sure if patient eating

#### **Symptoms:**

- Difficulties with memory and concentration
- Has forgotten to pay bills in the past and struggles to follow TV stories

#### **Past Medical History:**

- Albert has high blood pressure; otherwise healthy

## **Danny’s Perspective**

#### **Ideas and thoughts:**

- Thinks this isolation from friends and family could be unhealthy for their father
- Wonders if there is anything more they could be doing (visits, at home care?)

#### **Feelings & Concerns:**

- Danny is worried about their father, they had a difficult visit yesterday
- Concerned about a sudden decline going unnoticed; an accident or fall going unnoticed

#### **Expectations:**

- Hoping to receive some form of support

## **Adult Patient part 1 (scenario #2)**

### **History of Present Complaint**

#### **Development of Story**

- Danny is having difficulty sleeping and is feeling extremely fatigued throughout the day
- Patient working in high-stress environment
- Work was source of socialization and support in past
- Now work is just stressful with more shifts
- More isolated because of physical distancing
- No shared workouts (work gym closed), no work hockey league
- Financially stressed since the partner is unable to work (owns a small business) and has not been able to obtain government assistance.

#### **Symptoms:**

- Can take up to 2hrs to fall asleep and wakes up through the night
- Daily fatigue which lasts all day long
- Loss of appetite and weight loss over last month or two (8lbs)
- Some changes to mood (more irritable)
- Drinking more (1-2 beers a night vs previously 2 beers a week)

#### **Past Medical History:**

- Unremarkable

## **Danny's Perspective**

#### **Ideas and thoughts:**

- Danny thinks they are having trouble coping with the changes to routine and increased stress, doesn't know if anything is wrong with them medically

#### **Feelings & Concerns:**

- Stressed, concerned about finances, health of the family, changes to routines

#### **Expectations:**

- Hoping to receive some form of support

## **Infant with symptoms part 1 (scenario #3)**

### **History of Present Complaint**

#### **Development of Story**

Danny and Dale are both concerned with the symptoms their daughter by adoption, Vanessa, has been exhibiting the past 4 days. Vanessa is napping at the moment.

#### **Symptoms:**

- Mild cough
- Temperature of 38 degrees
- Fussy with sleeping and eating. Naps are shorter. Feeding has been more difficult.

#### **Past Medical History:**

- Adopted as a newborn, normal pregnancy and delivery for Vanessa

#### **Family Medical History:**

- Unknown; closed adoption

## **Danny's Perspective**

#### **Ideas and thoughts:**

- Danny thinks there is a chance these are Covid-19 symptoms

#### **Feelings & Concerns:**

- Danny is very worried about Vanessa

#### **Expectations:**

- Hoping for a test to screen for Covid-19

## **Elderly Parent – part 2 (scenario #4)**

### **History of Present Complaint**

#### **Development of Story**

- Occurring one week after part 1.
- Danny's father had a fall yesterday from tripping on an area rug. Albert hit his arm on the coffee table and suffered a mild laceration (image to be shared during simulation).
- Things are otherwise the same. Danny had been feeling less anxious overall.

#### **Symptoms:**

- Injury to arm; no other injury from the fall
- Otherwise unchanged from part 1

## **Danny's Perspective**

#### **Ideas and thoughts:**

- Danny had been feeling less anxious about their father
- Now thinks more attention should be paid
- Albert is hesitant to accept outside assistance due to Covid-19 concerns

#### **Feelings & Concerns:**

- Feels guilty for relaxing about their father's care

#### **Expectations:**

- Is unsure if the level of care should be increased
- Worried to bring their father to a hospital or have a visit due to Covid-19
- Will accept learner suggestions if delivered with empathy.



## **Child with symptoms – part 2 (scenario #5)**

### **History of Present Complaint**

#### **Development of Story**

- Occurring 2 weeks after part 1; 1 week after scenario #4
- Vanessa has completely recovered, but now 4-year-old Jack is sick
- Parent is more concerned about their child's health and had not thought about implications for their job (Danny may have been exposed to Coronavirus, but is still working). but Danny is isolating at home, spending time and sleeping in the basement.

#### **Symptoms:**

- In the last 24 hours Jack has had a fever (39 degrees) and dry cough
- Not sleeping well
- Able to eat and drink but only ~50% of normal intake
- No shortness of breath

#### **Past Medical History:**

- Unremarkable, child by adoption at birth; closed adoption (no info on birth parents)
- Immunizations up to date

## **Danny's Perspective**

#### **Ideas and thoughts:**

- Danny is more concerned about Jack's health, and had not thought about implications for their job as a police officer (being potentially exposed to Covid-19)\*\*\*
- Danny will ask, "Can we give Jack Tylenol?"

#### **Feelings & Concerns:**

- Danny is very worried about Jack's health

#### **Expectations:**

- Hoping to receive some form of support

## **Adult patient – part 2 (scenario #6)**

### **History of Present Complaint**

#### **Development of Story**

- Occurring 3 weeks after part 1
- Father (Albert) is now coping well
- Both kids have recovered from illness
- Partner, Dale, had mild symptoms, dry cough, fever, for 3 days (since last interaction 1 week ago) but is now OK; Dale has remained asymptomatic and is still home off work, and still not receive government financial assistance

#### **Behaviour and Affect:**

- Somewhat dismissive when interacting
- States “everything is fine – still stressful but I’m dealing with it”
- Thanks the learner for checking in, states “they’ve got it under control”
- They are trying to end the conversation

#### **Symptoms:**

- Drinking more over the past week (5-8 beers a day) \*Learners must specifically ask about drinking\*
- Sleep has gotten worse (sleeping more poorly at night and now sleeping during day to avoid family as “everyone is driving me nuts”)
- For the last week Danny is not isolating at home anymore. Danny is now interacting with their spouse and children. Working nights and trying to sleep during the day
- Work, home and financial stresses are all increasing
- Worried about contracting Covid-19 while at work

## **Danny’s Perspective**

#### **Ideas and thoughts:**

- Does not recognize the increasing isolation, drinking and poor sleep as being problematic. Their partner Dale has suggested Danny make this call, “Dale’s worried about me being ‘on edge’”.

**Feelings & Concerns:**

- Danny does not initially want to engage in a conversation about their health, tries to convince the learner that everything is “fine”
- If the learner persists in asking about Danny’s health, Danny will answer the questions honestly but grudgingly.

**Expectations:**

- None, as Danny does not recognize the issues
- To not feel judged, and to get an “all clear” from the learner