



Title: Lillian Williams – Home Visit

Person elements of the SP role (personal information)

- **Who is the person (separate from their illness/complaint)?**
Lillian Williams is a 61-year-old woman. She lives with her husband, Alan and Sadie their border collie. She is a mother of 2 children: Ben aged 23, an architect and Hollie, 30, a primary school teacher. Both of their children left the family home after they returned from studying at university.
- **How would you describe their personality?**
Lillian is lively, active and has a very caring nature. She is passionate about dogs and animals in general. Lillian and her husband enjoy walking Sadie the dog together, although now Lillian needs to use her wheelchair. This is affecting her mood as she longs to be more active.

Learning activity

- **What is the learning activity?**
The students will be asked to undertake a home visit after you have been discharged from hospital. The team may consist of 2 people, from any of the following professional groups: Physiotherapy, Nursing, Occupational Therapy and Social Work.
- **Who is the learner?**
Pre-registration Physiotherapy, Nursing, Occupational Therapy or Social Work students.
- **What is expected of them?**
The purpose of the home visit is to discuss your transition from hospital to home and identify any new problems you have encountered. The team will undertake a joint assessment of your needs and will arrange further rehabilitation at your convenience.
- **What is the setting?**
A home environment, prepared to look like a living room with a single bed.
- **How long will they be with the patient (SP)?**
The home visit would typically last between 20-30 minutes.
- **Are there any risks for the SP? (Consider both emotional and physical risks. Identify safeguarding procedures)**
There are no physical risks to undertaking the home visit. Primarily the students will be discussing your ability to undertake key activities of daily living such as making a hot drink, simple meal (sandwich), assessing your ability to transfer between commode/wheelchair.
- **Are there any risks for the learner? (Consider both emotional and physical risks)**
None identified.



Simulated Patient Profile: *LILLIAN WILLIAMS*

- **What is the most likely outcome for the patient (SP)?**

The physiotherapist and occupational therapist will both arrange to re-visit you at a time that is convenient for yourself. The purpose of the re-visit will be to develop and implement a treatment plan.

- **What is the process for learner debriefing and if there is an opportunity for SP feedback?**

A debrief will be undertaken in a separate room. You will be invited to participate and provide feedback to the learners on your thoughts, feelings and behaviours. A separate prompt sheet is attached so that you can write any comments, which you wish to feedback to the individual students (see page 4).

- **Will there be an audio visual recording?**

There will be no audio visual recording of the scenario or debrief.

Context

- **Why is this person in this clinical scenario?**

You have just returned home after a period of 25 days in hospital.

- **What facts are important in this clinical scenario?**

Patient's history of the problem

You spent 8 days in the intensive care unit, were then transferred to the general medical ward for rehabilitation before being discharged home. You were diagnosed with sepsis, (severe infection that spread throughout your body and made you very unwell). This was caused by pneumonia. When you were in intensive care you required a mechanical ventilator to breathe for you for 3 days.

Patient's past medical history

Multiple sclerosis (neurological condition causing weakness in your arms, leg and trunk). This affects your ability to move between your chair/wheelchair/commode/bed and car. This has become more of a problem since you were discharged home. Your husband is finding it increasingly difficult to help you move around. Previously you have used elbow crutches or a stick but your arms are too weak now to walk independently.

Patient's family medical history

Nothing of significance.

Patient's social information

You are a retired office manager. You live with your husband in a house. You are now using a bedroom and bathroom downstairs, whilst Alan is sleeping alone upstairs. You have toilet aids but Alan feels that you may now benefit from a hoist for when you are not able to transfer with minimal assistance. You are not convinced you need a hoist, as you feel that you will make improvements with physiotherapy rehabilitation. This is creating some disagreement between yourself and Alan.

What is the patient's understanding of their healthcare issue?

You understand that Multiple Sclerosis is a long-term deteriorating condition. In your case, the deterioration has been slow and you feel that this is just a little glitch and you will be back to 'your normal' soon. Your normal status is independently moving



Simulated Patient Profile: *LILLIAN WILLIAMS*

around the house with walking aids (elbow crutches or sticks), short outdoor walks and use of your wheelchair for an 'off day'.

What are the patient's main concerns?

That you are able to return to sleeping upstairs with Alan. You want to be able to walk independently and move around the house with walking aids (elbow crutches or sticks), short outdoor walks and use of your wheelchair for an 'off day'. You want to be able to prepare your own meals and hot drinks for you and your visitors.

What is the patient's most likely outcome in this context?

- The students will undertake a joint assessment of your needs, highlighting your main concerns and document a problem list and action plan. This will be developed jointly with yourself.
- The students will arrange separate appointments to commence rehabilitation: Physiotherapy/Occupational Therapy/Nursing/Social Work.

What is this patient's current emotion?

At the moment, the fact that you cannot sleep upstairs with your husband and have limited independence (toileting/moving around and preparing simple meals) is affecting your mood. You are irritable and become frustrated by Alan constantly 'fussing' over you.

Considerations in playing this role

Clothes – Relaxed clothing.

Moulage – Not required.

Props – Chairs, table, sticks/elbow crutches/wheelchair.

Scenario Author: Suzanne Gough (s.gough@mmu.ac.uk) and Leah Greene (l.greene@mmu.ac.uk), Manchester Metropolitan University, February 2015.