

Chronic Foot Wound Case: 62yo Male - Endocrinology

Lyla L. Taft, MSN, RN, CNE^{1*}

¹ Albany State University

* Correspondence: Lyla L. Taft, MSN, RN, CNE, Lyla.Taft@asurams.edu

ABSTRACT

The chronic foot wound case is designed for learners in endocrinology and primary care, focusing on the management of diabetic complications. The case aims to enable students to identify complications associated with diabetes and obesity in wound healing, evaluate the impact of medication regimens on wound healing and overall health, develop comprehensive care plans for managing chronic wounds in diabetic patients, and incorporate patient education concerning lifestyle changes and medication adherence. The clinical scenario involves G.G. Money, a 62-year-old male with Type 2 diabetes, hypertension, and obesity, who presents with a non-healing foot wound. Despite self-care attempts with over-the-counter treatments, the wound has worsened over six weeks. The learner is tasked with assessing the wound, evaluating the patient's medication regimen, and developing a care plan that includes patient education. The case is useful in a curriculum for teaching the integration of clinical assessment, medication management, patient communication, and care plan development in managing chronic conditions.

Keywords endocrinology; diabetes; wound care; chronic conditions; primary care

CASE OVERVIEW

G.G. Money presents with a persistent foot wound, complicated by his history of diabetes and obesity. The case involves assessing the wound and managing his chronic conditions.

LEARNING OBJECTIVES

1. Identify complications associated with diabetes and obesity in wound healing.
2. Evaluate the impact of Geraint's medication regimen on his wound healing and overall health.
3. Develop a comprehensive care plan for managing a chronic wound in a diabetic patient.
4. Incorporate patient education about lifestyle changes and medication adherence.

CLINICAL PRESENTATION

Name	G.G. Money
Age	62
Sex	Male
Race / ethnicity	White Non-Hispanic
Height	5ft 9in
Weight	210 lbs

Chief complaint. My foot has this wound that just won't heal.

History of present illness. G.G. Money, a 62-year-old man with a known history of Type 2 diabetes, hypertension, and obesity, presents with a non-healing wound on his left foot, present for six weeks. The wound started as a small blister but has since become larger and more painful. He reports trying to manage it with over-the-counter antibiotic ointments and dressings, but it has shown no improvement. He denies any recent fever or chills.

Past medical history. Type 2 diabetes for 10 years; Hypertension for 8 years; Obesity

Past surgical history. Appendectomy at age 25

Past psychiatric history. None reported

Social history. Retired construction worker; Lives alone; Former smoker, quit 10 years ago; Drinks alcohol socially; No recreational drug use.

Family history. Father had Type 2 diabetes and died of complications; Mother had hypertension.

Medications. - Metformin 500mg PO BID

- Losartan 50mg PO daily

- Simvastatin 20mg PO daily

Allergies. - Penicillin -- rash

SIMULATED CHARACTER

Name. G.G. Money

Demographics. 62-year-old white male

Personality and mood. G.G. Money is independent and values self-care; he is skeptical but open to advice once he understands its importance, with a good-natured demeanor.

Identity, purpose and background. G.G. Money is a retired construction worker who prides himself on independence but struggles with managing his diabetes. He worries about losing mobility due to his foot wound.

Simulation behaviour. Only reveal concerns about mobility if asked about daily activities or independence.

Opening line

This foot's giving me more trouble than a stuck-up mule.

Procedures and actions available to the learner

Action	Result added to the chart	How the character responds
Blood Pressure Cuff	BP: 145/92 mmHg (elevated -- above target for diabetes management)	How does my blood pressure look? I know it's important with diabetes.
Blood Glucose Meter	Current glucose level: 210 mg/dL (elevated -- indicates poor glycemic control)	Is my sugar level okay? I've been trying to watch my diet.
Wound Swab	Moderate growth of Staphylococcus aureus, no MRSA detected.	What does the swab show? Is it infected?
Ankle-Brachial Index	ABI: 0.8 (indicating moderate peripheral artery disease)	What do these numbers mean for my circulation?

ASSESSMENT ITEMS

Item 1. What are common challenges in wound healing for diabetic patients? (*multiple choice, 2 points*)

- A. Increased blood flow
- B. Reduced immune response
- C. Heightened pain sensitivity
- D. Improved nutrient absorption

Answer and rubric. Reduced immune response

Item 2. Which medication on Geraint's list should be closely monitored due to his penicillin allergy? (*multiple choice, 1 point*)

- A. Furosemide
- B. Metformin
- C. Losartan
- D. None of these

Answer and rubric. None of these

Item 3. True or False: Geraint's BMI classifies him as morbidly obese. (*true false, 1 point*)

Answer and rubric. True

Item 4. What is a key lifestyle modification that could aid in Geraint's wound healing? (*free text, 3 points*)

Answer and rubric. Weight loss through diet and exercise.

Item 5. Name a potential side effect of simvastatin that should be monitored in Geraint. (*free text, 2 points*)

Answer and rubric. Muscle pain or weakness.

DEBRIEFING DIMENSIONS

Clinical Assessment (narrative)	Ability to accurately assess the wound and related health conditions of the patient.
Medication Management (narrative)	Evaluation of the patient's medication regimen for potential improvements or contraindications.
Patient Communication (narrative)	Effectiveness in communicating with the patient about their health conditions and care plan.
Care Plan Development (narrative)	Ability to create a comprehensive and practical care plan addressing all aspects of the patient's health.

SIMULATION FORMAT

Platform	Figment Clinic
Format	Clinical encounter simulation with a full patient record
Synthesised voice	verse
Case first authored	July 2026

The interactive version of this case runs on the Figment Clinic platform. This article is the archival record of its content at the time of publication.

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