History and Physical Examination

A COMMON SENSE APPROACH

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Dedication

This book is dedicated to our daughter Jade. Our love for you had no beginning and has no end, only a life in and of itself. You are amazing.
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Mark Kauffman, DO, MS (Med Ed), PA, did his undergraduate studies at St. Francis University (Loretto, Pennsylvania) in the physician assistant program. He earned his Doctor of Osteopathic Medicine and Master of Science in medical education degrees at Lake Erie College of Osteopathic Medicine (LECOM). He is board certified in family medicine. Dr. Kauffman is assistant dean of graduate studies at LECOM. He developed and is director of the Accelerated Physician Assistant Pathway, an innovative three-year medical school curriculum for physician assistants who seek to obtain DO degrees, and the history and physical examination curriculum.
The best way to learn how to obtain accurate, detailed patient histories, perform problem-specific physical examinations, devise essential differential diagnoses, construct evidenced-based treatment plans, and ultimately perform complete history and physical examinations leading to maximal care of your patient is to incorporate them into the study of medicine from the very beginning.

As you develop familiarity with the practice of medicine, logical thinking takes over, with intuition leading the way. With familiarity comes the risk of complacency and often the habit of taking shortcuts. When the day comes in which you mechanically listen to a patient’s heart, begin to walk away, realize you might have heard something, and listen again, only to discover the nearly missed murmur, let it be a valuable lesson to you to humbly go back to your roots and the basics of your medical knowledge.

If there is one goal for this text, it is to encourage you to use common sense in your approach to patient care, hence the title. There are some classic memory aids, such as “On Old Olympus’ Towering Top,” for the cranial nerves, and you will undoubtedly invent some of your own, but when you resort to your logic, you are more apt to understand the material instead of memorizing it. Though at first you will need to memorize the physical exam flows, you will encounter them so often when you begin your clinical training that they will become standard procedure without effort, allowing only your patient’s body to guide you through the exam.

Chapter 1, Clinical Competencies, discusses the competency-based educational movement and its potential to improve patient health by lessening unnecessary and unexplained variation in the process of clinical care. Students in healthcare professions must have the education and experience to assure the highest-quality patient care and public safety. The competencies are a calling of the healthcare professional and represent accountability to ourselves, our peers, and, of ultimate importance, our patients.

Chapter 2, Interpersonal and Communication Skills, is an exploration of the thought processes and actions behind obtaining a history. This includes what one does prior to walking into a patient room that will lead to a more accurate patient history. The medical provider may be able to ask all the right questions, but without competence within the humanistic domain, compassion, empathy, and professionalism, the bond of trust is difficult to forge.

Chapter 3 introduces the mnemonic CODIERS SMASH FM, an essential tool that allows the gathering of a detailed historical account of the patient’s presenting complaint, and guides you through the patient’s medical history, where buried clues, when unearthed, dramatically affect the outcome of the case. It further discusses techniques involved with clinical history taking. Why is history so important? It has been said that 90% of diagnoses are made through the history alone. If the patient is not asked the right questions, the correct diagnosis is much more likely to be missed.

Chapter 4 comprises history flows that represent patient case presentations. Each encounter is designed for you and a partner: schoolmate, friend, family member, or anyone you can compel to act as your patient. Armed with only your patient’s primary reason for seeking your counsel, you must obtain the medical history from your patient, who provides you with scripted answers. Acute attention will allow you to identify those hidden clues that require further exploration to enable you to reach the correct conclusions. Early on you may not get the correct diagnosis, but you must still propose what is most likely, as this is the very essence of why we take histories. As your medical
studies progress, your goal should be to expand your impressions to include several possible diagnoses: the differential diagnosis.

Chapter 5 introduces physical examination and approaches the body in a logical progression, essentially head to toe. The physical examination flows, presented in the head-to-toe fashion, encourage the student to allow the patient's body to dictate the order of examination and to repeat the exam in precisely the same fashion from patient to patient. This order, however, is provider dependent, meaning that once you master the exam techniques, you will perform these exams in the order that you find most logical. For example, after completing an abdominal exam, you may immediately feel for the femoral pulses, which lie right below the abdomen in the inguinal area. From there, you may complete the rest of the peripheral vascular exam, and then switch over to the musculoskeletal system, examining the extremities first. If, on the other hand, you reach the bottom of the abdomen and it makes you logically think of the longest nerve in the body—the vagus—then you may choose to perform the neurologic examination next. There is no right or wrong method, only completeness.

Chapters 6 through 15 then break down physical examination by system. Each chapter ends with a physical examination flow that guides the student through a comprehensive examination of the patient. Interweaving the techniques of examination with the head-to-toe, front-to-back approach allows the provider to develop a standardized approach to examination that becomes ingrained with practice, removing the need to memorize what should be done.

Chapter 16 brings history taking and physical examination together through the comprehensive flow, which represents the typical 15-minute patient encounter. Providers combine history taking with the performance of a problem-specific physical examination, allowing the development of a differential diagnosis and working with the patient to develop a plan of treatment.

Chapters 17 and 18 look at the approaches to history taking and examination of pregnant and pediatric patients, respectively.

Chapter 19 is a summation of documentation of patient encounters. The proper mindset required for appropriately documenting an encounter should be visualized as the patient's chart being read 5 years from the encounter by someone unfamiliar with the patient. If, by reading about the encounter, that person can understand the patient's story, visualize the patient in his/her mind, understand the thought process that led to the diagnosis, and evaluate the treatment plan to assure that the standard of care was followed, you have succeeded in proper documentation. This chapter guides you through the structure of the most common form of medical documentation, the SOAP note, as well as the documentation of standard admission and progress notes, and the full physical examination.

Becoming a great provider requires astute observation skills and heightened awareness of intuition. Learning from your peers and patients is a lifelong experience. Study hard but retain the ability to laugh at yourself. Humility is a wise teacher.

Early in my medical training, I was sitting in a crowded room where a lecture on emergency bleeds was to be presented. A physician came in and remarked that the topic was appropriate because a patient had just arrived in the emergency room with bleeding varices that were life threatening. Perplexed, I quietly leaned over to my supervisor and asked how someone could die from a bleed in the scrotum. How she refrained from laughing when she explained to me that the patient had esophageal varices, not a scrotal varicocele, is beyond me. With humbleness, we should all embark down the trail of the study of medicine.
History and Physical Examination: A Common Sense Approach incorporates a number of engaging pedagogical features to aid in the student’s understanding and retention of the material. Each chapter begins with Objectives and Key Terms, to guide learning and provide reference for the most important points covered in the chapter.

Throughout the text, key points are illustrated and important information is highlighted to ensure comprehension and to aid the study of critical material. Key Terms are bolded throughout the chapter, and shaded boxes in the margin provide the full definition for student reference and review. A colorful and engaging layout enables easy reading and supports the retention of important concepts. Additionally, almost 600 full-color photographs and illustrations provide valuable insight into proper procedure and accurate anatomy, as well as visual reinforcement of the material.

Video content is also a key element of this valuable resource. Footage of illustrative exams is included with every new print copy of History and Physical Examination on the Companion Website and embedded in the online, JBL eFolio edition, also available for purchase.
The History and Physical Examination Companion Website also includes useful study activities, practice quizzes, flashcards, and more. To redeem the Access Code Card available with your new copy of the resource, or to purchase access to the website separately, visit go.jblearning.com/HPECWS.

Beginning after Chapter 5, Introduction to Physical Examination, and included for each body system and specialized type of exam covered, logical Physical Exam Flows are provided for reference and head-to-toe, front-to-back coverage. These valuable tables provide a critical checklist to ensure comprehensive, replicable, and reliable exams.

Qualified professors can also receive the full suite of Instructor Support Resources, including PowerPoints, TestBanks, and Instructor’s Manual. To gain access to these valuable teaching materials, contact your Health Professions representative through www.jblearning.com.

In Chapter 4, The History Flows and culminating in Chapter 16, Comprehensive Flows,Clinical Cases provide crucial, applied practice for the foundational content. To foster comfort and repetition, memory tools and Patient Data Sheets are included for student use in utilizing the cases, following the CODIERS SMASH FM mnemonic tool presented in Chapter 3 and utilized throughout the resource.
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