

Step One: Gathering Data

Component 2/Unit 4a2 Health IT Workforce Curriculum
Version 1.0/Fall 2010 1

My ankles are swollen

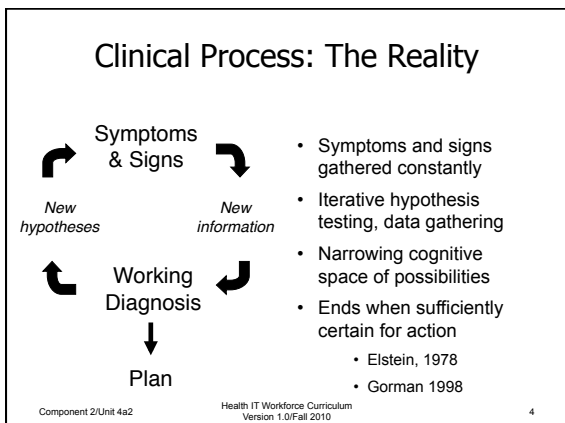
The clinic assistant says "blood pressure 225 over 140" as she brings in a man whose shoes are untied and loosened, with ankles bulging over the top. He looks healthy enough, but a little pale. He says he's a little short of breath after walking in from the parking lot, but his lungs sound clear, and he's only breathing 12 times a minute. "Do you smoke?" you say. "Used to - I quit three years ago." He says he's been gaining weight lately, and his clothes are fitting tight. You check his heart, which has an S4 gallop, but no murmur. You ask about his clothes: first his shoes, later his pants felt too tight. You check his abdomen, which shows no tenderness, masses, or enlarged organs. Then he recalls he was on medication for blood pressure a few years back, but stopped taking it 'cause he felt 'slowed down'. You check his pulse, it's 120, and notice 2+ pitting to mid shin. "Ever been sick before?" you ask. No, never in all my 39 years, except once when I got a rash from aspirin." "Oh yeah, and to have my tonsils out."

Component 2/Unit 4a2 Health IT Workforce Curriculum
Version 1.0/Fall 2010 2

Clinical Process: The Myth

| | |
|--|--|
| History ↓ Physical ↓ Assessment ↓ Plan | The "Complete" History and Physical - Discrete - Linear - Orderly - Structured |
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Component 2/Unit 4a2 Health IT Workforce Curriculum
Version 1.0/Fall 2010 3



“Disease hides its secrets in a casual parenthesis”

- Getting the story
 - Open ended questions
 - Enabling the person to tell their story
 - Including/excluding family, others
- Filling in the details
 - Closed ended questions
 - Comprehensive checklists, other sources
- How the tools affect the process
- Collection ≠ Documentation

Component 2/Unit 4a2 Health IT Workforce Curriculum Version 1.0/Fall 2010 5

Step Two analyzing findings

Part 1: Giving Structure to the Data

Component 2/Unit 4a2 Health IT Workforce Curriculum Version 1.0/Fall 2010 6

History and Physical Structure

“Every medical student should learn to do a complete History and Physical, and then *never do one.*”

- David Sackett

Component 2/Unit 4a2 Health IT Workforce Curriculum
Version 1.0/Fall 2010 7

Structured Data Organization

| | |
|---|--|
| <ul style="list-style-type: none"> • Source and ID • Chief Complaint • Present Illness • Past History <ul style="list-style-type: none"> - allergies/adverse rxns - medications/treatments - past medical problems - past surgeries - menstrual/obstetric Hx - vaccinations/preventive | <ul style="list-style-type: none"> • Social & Family History • Review of Systems • Physical Examination <ul style="list-style-type: none"> - Appearance/vitals/skin - HEENT/Neck - Lungs/Heart - Abdomen/Genitalia - Extremities/Back - Neurologic • Ancillary data |
|---|--|

Component 2/Unit 4a2 Health IT Workforce Curriculum
Version 1.0/Fall 2010 8

Select the Important Information

The clinic assistant says “blood pressure 225 over 140” as she brings in a man whose shoes are untied and loosened, with ankles bulging over the top. He looks healthy enough, but a little pale. He says he’s a little short of breath after walking in from the parking lot, but his lungs sound clear, and he’s only breathing 12 times a minute. “Do you smoke?” you say. “Used to - I quit three years ago.” He says he’s been gaining weight lately, and his clothes are fitting tight. You check his heart, which has an S4 gallop, but no murmur. You ask about his clothes: first his shoes, later his pants felt too tight. You check his abdomen, which shows no tenderness, masses, or enlarged organs. Then he recalls he was on medication for blood pressure a few years back, but stopped taking it ‘cause he felt ‘slowed down’. You check his pulse, it’s 120, and notice 2+ pitting to mid shin. “Ever been sick before?” you ask. No, never in all my 39 years, except once when I got a rash from aspirin.” “Oh yeah, and to have my tonsils out.”

Component 2/Unit 4a2 Health IT Workforce Curriculum
Version 1.0/Fall 2010 9

Give Structure to the Data

| | |
|--|--|
| <p>History</p> <ul style="list-style-type: none"> • HPI progressive wt gain, shoes then pants fit tight exertional dyspnea, • ALL ASA: rash; HTN Rx: 'slowed me down' • PMH ? HTN on ?Tx • SOC quit smoking • SURG tonsillectomy | <p>Physical</p> <ul style="list-style-type: none"> • GEN pale, healthy M • VS 225/140 120 12 • HEENT • NECK • LUNGS clear • HEART S4, no M • ABD nontender; no HSM • EXT 2+ pitting to mid shin |
|--|--|

Component 2/Unit 4a2
Health IT Workforce Curriculum Version 1.0/Fall 2010
10

Step 2 analyzing findings

Part 2: Finding Patterns and Meaning in the Data

Component 2/Unit 4a2
Health IT Workforce Curriculum Version 1.0/Fall 2010
11

Hierarchy for Clinical Data

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|---|--|
| Global Complex | <i>syndromes commonly seen together</i> |
| Diseases | <i>specific conditions that cause syndromes</i> |
| Syndromes | <i>constellation of symptoms and signs</i> |
| Facets | <i>groups of findings related by pathophysiology</i> |
| Findings | <i>subset that is relevant to his care</i> |
| Observations <small>(may fit one Dx, multiple Dx, or no Dx)</small> | <i>everything we noticed and noted (the complete history and physical)</i> |
| Empirium | <i>description of clinic, staff, light, sound, etc.</i> |

| Man with Edema | |
|----------------|--|
| Global Complex | <i>none so far</i> |
| Diseases | <i>HTN? alcohol? ischemic HD? toxin?</i> |
| Syndromes | <i>Heart failure? Anemia?</i> |
| Facets | weight gain+edema: 225/140 + S4; pallor; tachycardia |
| Findings | weight gain, DOE, Hx HTN, smoker, pallor, clear lungs, S4, normal abdomen, edema |
| Observations | HPI: progressive wt gain, shoes then pants fit tight exertional dyspnea, ALL ASA: rash; HTN Rx: 'slowed me down' PMH: ? HTN on ?Tx SOC: quit smoking SURG: tonsillectomy GEN: pale, healthy M VS 225/140 120 12 LUNGS clear HEART: S4, no M ABD nontender; no HSM EXT 2+ pitting to mid shin |
| Empirium | <i>clinic environment, staff, distance to parking lot</i> |

Create a problem list

| | |
|---|---|
| <ul style="list-style-type: none"> • weight gain + edema • exertional dyspnea but clear lungs • pallor • high BP + Hx HTN • tachycardia • S4 gallop • RFs for CAD • ex smoker | <p>To-Do list for patient care</p> <ul style="list-style-type: none"> • GROUPING <ul style="list-style-type: none"> - Group related items - Don't group if unsure • INCLUDE <ul style="list-style-type: none"> - Items that need attention or action - Tonsils? Smoking? Male • EXPRESSION <ul style="list-style-type: none"> - at level of understanding but no more - problems with persistence, precision of coding |
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Component 2/Unit 4a2 Health IT Workforce Curriculum 14
 Version 1.0/Fall 2010
