

JUST-IN-TIME MEDICINE (JIT)

Micro-CEX Contents

Available CEX assessments in JIT

Problem Based CEXs	Comm Skills	History	PE	PE-Abnormalities
Abdominal pain	Case Pres			
Altered mental status	Case Pres			
Anemia	Case Pres			
Back pain	Case Pres			
CHF	Case Pres			
COPD/Asthma	Case Pres			
Chest pain	Case Pres			
Cough	Case Pres			
Depression	Case Pres			
DM	Case Pres			
Dyspnea	Case Pres			
Dysuria	Case Pres			
Fluid/E'lyte	Case Pres			
GI bleed	Case Pres			
Headache	Case Pres			
Hypertension	Case Pres			
Joint pain	Case Pres			
Liver disease	Case Pres			
CLINICAL SKILLS				
Informed Decision Making				
Smoking Cessation				
Substance Use Disorders				
Cardiovascular Exam				
HEENT & Neck Exam				
Neurologic/Mental Status				

CEX Instructions

Students, your responsibilities include:

- 1) Obtaining a minimum of 5-10 of the CEX's during the 8 week MED 608 clerkship (depending on your community). This must be done in order to pass internal medicine
- 2) Identify the competency to be assessed (e.g. Abdominal pain -> History)
- 3) Identify a senior resident, fellow or an attending to supervise and grade you (see below)
- 4) Showing the physician how to use the CEX program, including:
 - a. The use of the checklists
 - b. The use of the abnormalities section
 - c. The use of the final page (preceptor name, time spent, etc)
- 5) A single competency will only count one time (e.g. abdominal pain -> PE: if competed 2x will only count once toward your requirement)

Any questions or concerns email Dr Gary Ferenchick at: gary.ferenchick@ht.msu.edu

HOME

All Problems

The option to do a case presentation and be graded on it, to count for up to 2 of your CEX's is present. The general grading paradigm is as below, with relatively minor changes from problem to problem. Access this CEX under the "Communication Skills" section of each problem

CASE PRESENTATION TEMPLATE

- Identifies Chief Complaint
- Establishes Chronology
- Characterizes Symptoms
- Includes Pertinent (+) and pertinent (-)'s
- Past med/surg hx
- Medications
- Fam Hx
- Social Hx
- PE includes vital signs
- PE with clear focus on appropriate regional exam, including (regional exam relevant to the CC)
- Assessment - clearly labels problem(s)
- Assessment - includes 3 differentials for primary problem
- Diagnostic plan is logical
- Therapeutic plan is logical
- Presentation is organized
- Presented mostly from memory

History, Physical Exam and Abnormalities Sections is color coded below as:

- History (**red**) = relevant historical items, including pertinent positive and negative items
- PE (**blue**) = relevant physical exam items for a given problem
- Abnormalities (**black**) = a section for the preceptor to check off if you identify a relevant abnormality; and if none are present to test your knowledge on the significance of the abnormality, should it exist.

HOME

ABDOMINAL PAIN

<p style="text-align: center;">HISTORY</p> <p>Student asks specifically:</p> <ul style="list-style-type: none"> • Asks how the pain has affected his/her life • Asks how the patient is coping • Demonstrates concern for the patient • Responded with at least 1 empathic statement <p>Specifically asks about or establishes:</p> <ul style="list-style-type: none"> • Location • Pattern: acute v chronic • Character • Intensity (scale 1-10) • Radiation • Pattern: constant v intermittent • Pattern: accelerating or not • Onset: Sudden v gradual • Duration of each episode • Total duration of the problem • Aggravating factors • Alleviating factors <p>Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Weight change • Fever • Dysuria <p>GI SX'S:</p> <ul style="list-style-type: none"> • Diarrhea • Constipation • Bright red blood in stool • Melena • Hematemesis • Vomiting <p>PAST HX Specifically asks about, elicits or establishes the presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • PUD • Pancreatitis • Biliary dz • Liver dz • Renal stones • Diverticular dz • GI surgery • Pelvic surgery <p>FAM HX Establishes presence or absence of:</p> <ul style="list-style-type: none"> • Family hx of GI disease 	<p>Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Alcohol use • Illicit drug use • Tobacco use • Sexual activity (risk for STD) • Psychosocial stressors • Financial concerns for care <p style="text-align: center;">PHYSICAL EXAM</p> <p>CARDIAC EXAM: Using good technique, the student auscultates:</p> <ul style="list-style-type: none"> • Aortic area • Pulmonic area • Tricuspid area • Mitral area • Does NOT listen thru gown or clothing <p>LUNG EXAM: Using good technique, the student: Student auscultates at:</p> <ul style="list-style-type: none"> • Bases • Mid lung fields • Upper lung fields • Compares side to side • Front and back <p><u>ABDOMINAL EXAM</u></p> <p>INSPECTION Student obviously INSPECTS abdomen for (you may need to have the student state what they are inspecting):</p> <ul style="list-style-type: none"> • Surgical scars • Distension • Asymmetry • Cutaneous abnormalities (e.g. dilated veins, bruising) <p>AUSCULTATION Student obviously LISTENS for:</p> <ul style="list-style-type: none"> • bowel sounds • renal bruits • aorta bruits • iliac bruits <p>PERCUSSION Using good technique, student PERCUSSES for:</p> <ul style="list-style-type: none"> • Liver size (at MCL) • Splenomegaly <p>PALPATION</p>
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<p>Specifically asks about elicits or establishes:</p> <ul style="list-style-type: none">• All meds, including OTC• Supplements/herbs• Specifically asks about NSAID use, including OTC• If diarrhea present, asks about recent antibiotic use	<p>Using good technique, the student obviously PALPATES for:</p> <ul style="list-style-type: none">• Areas of tenderness (in 4 quadrants)• Signs of peritonitis <p>PALPATION</p> <p>Using good technique student obviously PALPATES for:</p> <ul style="list-style-type: none">• Liver edge• Splenomegaly• Masses• Pulsations
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HOME

ABDOMINAL PAIN: ABNORMALITIES

ASCITES

ID/Recognizes

- **Ascites identified by student and CONFIRMED by you**

KNOWS ABOUT

- **Understands that ascites commonly represents a consequence of portal hypertension or a peritoneal malignancy (ovarian CA)**

HEPATOMEGALY

ID/Recognizes

- **Hepatomegaly identified by student via percussion or palpation AND CONFIRMED by you**

KNOWS ABOUT

- **Understands general causes of hepatomegaly include infectious, passive congestion (CHF) and cancer.**

SPLENOMEGALY

ID/Recognizes

- **Student identifies a spleen tip on palpation AND CONFIRMED by you**

KNOWS ABOUT

- **Understands splenomegaly can occur as a result of infectious (SBE, mono), passive congestion (portal hypertension), neoplastic (lymphoma), or myeloproliferative disorders (CML)**

HOME

ALTERED MENTAL STATUS

HISTORY	PHYSICAL EXAM
<p>Student specifically:</p> <ul style="list-style-type: none"> • Asks how the pain has affected his/her life • Asks how the patient is coping • Demonstrates concern for the patient • Responded with at least 1 empathic statement <p>Specifically asks about, elicits or establishes:</p> <ul style="list-style-type: none"> • Hx of similar problem • Onset (? evidence of an acute change) • Pattern: intermittent or constant • Pattern: change in severity (increase or decrease) • Activity at time • Recent Trauma • Recent Surgery • Level of mobility <p>ASSOC SX's Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Fever • Infections • Hallucinations • Dehydration • Bleeding <p>DELERIUM Specifically asks about, elicits or establishes the presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Difficulty focusing attention • Easily distracted • Rambling irrelevant conversation <p>PAST HX Student specifically enquires about the presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • DM • Thyroid dz • Liver disease • Cancer • Vascular disease (Stroke, TIA) • Seizure disorder • Electrolyte disorder (e.g. Na or Ca²⁺) • Pulmonary dz <p>HABITS</p> <ul style="list-style-type: none"> • Alcohol use • Illicit substance use • Smoking <p>MEDS Specifically asks about elicits or establishes:</p>	<p>MENTAL STATUS Student elicits:</p> <ul style="list-style-type: none"> • Orientation • Registration / recall • Serial 7's or WORLD backward • Repeat "No ifs, and, or buts" • 3-step command • Drawing clock or copy a design <p>CRANIAL NERVES Using good technique student examines:</p> <ul style="list-style-type: none"> • Optic discs (CN II) • Visual acuity (CN II) • Visual fields (CN II) • Pupil light reaction (CN III) • 6 cardinal EOM's in an H pattern (CN III, IV, VI) • Pain or temp 3 areas of face (CN V) • Eyebrow raising, eye closing, grimace (CN VII) • Hearing (finger rub) (CN VIII) • Palate elevation "ah" (CN IX, X) • Gag reflex (CN IX, X) • Trapezius or SCM strength (CN XI) • Tongue inspection (? midline) & strength (CN XII) <p>CEREBELLAR Using good technique, student performs:</p> <ul style="list-style-type: none"> • Finger-to-nose OR heel-to-shin • Rapid alternating movements <p>STRENGTH Student assesses for:</p> <ul style="list-style-type: none"> • Proximal UE strength • Distal UE strength • Proximal LE strength • Distal LE strength • Compares sides <p>SENSATION Using good technique, student examines extremities for:</p> <ul style="list-style-type: none"> • Vibration OR proprioception • Pinprick OR Temp • Upper and lower extremities • Distal to proximal, each limb <p>REFLEXES Using good technique, student elicits:</p> <ul style="list-style-type: none"> • Biceps • Triceps • Patellar • Achilles

<ul style="list-style-type: none">• All medications (including OTC)• Specifically asks about new medications• Specifically asks about recent changes in medications• Supplements/herbs	<ul style="list-style-type: none">• Plantar response (if clinically indicated)
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ANEMIA

HISTORY

Specifically asks about:

- Duration
- Prior hx anemia
- Results of prior workup (if appropriate)

Asks about the presence or absence of SX's SUGGESTING ANEMIA:

- Dyspnea
- Fatigue
- Dizziness
- Chest pain
- Palpitations

Specifically asks about, elicits or establishes presence OR ABSENCE of:

Possible NON GI sites of blood loss

- Epistaxis
- Menstrual irregularities
- Blood in urine

Clues to serious pathology

- Abdominal pain
- Weight loss
- Yellow eyes (jaundice)
- Dark urine
- Fever

Clues to vitamin or Fe deficiency

- Extremity numbness or tingling
- Sore tongue
- Pica (craving ice, starch or clay)

PAST HX

Asks about, elicits or establishes presence OR ABSENCE of:

- Chronic inflammation (e.g. RA)
- Hx GI surgery
- Inflammatory bowel dz
- Malignancy

GI HX

Asks about, elicits or establishes presence or ABSENCE of:

- Rectal bleeding (melena or bright red blood, past or present)
- Ulcers or gastritis
- Colon polyps/cancer
- Diverticular dz
- Hemorrhoids
- Stool caliber
- Constipation
- Diarrhea
- Colonoscopy (& known results)

FAM HX

Student specifically enquires about:

- Colon Ca
- Anemia

SOC HX

Student specifically asks about, elicits or establishes presence OR ABSENCE of:

- Alcohol
- Diet - vegetarian
- Frequent blood donations
- Refusal of blood donations
- Ethnicity (e.g. African, Mediterranean, Mid-East, SE Asia)
- Long-distance running

MEDS

Specifically asks about, elicits or establishes:

- All meds (including OTC)
- Supplements/herbs
- NSAID use (including OTC)
- "Blood thinners" (including ASA, Plavix, coumadin)
- Iron Rx current or past
- B12 or folate Rx current or past

PHYSICAL EXAM

HEENT

Student obviously INSPECTS:

- Oral Buccal mucosa
- Tongue
- Sclera

NECK

Student palpates for:

- Anterior cervical chain lymph nodes
- Posterior cervical chain lymph nodes
- Supraclavicular nodes
- Thyroid

CARDIAC

Using good technique, the student AUSCULTATES:

- Aortic area
- Pulmonic area
- Tricuspid area
- Mitral area
- Does NOT listen thru gown or clothing

ABDOMEN

Student obviously PALPATES for:

- Liver edge
- Spleen tip
- Masses (in 4 quadrants)

<ul style="list-style-type: none"> • EGD (& known results) 	<ul style="list-style-type: none"> • Tenderness (in 4 quadrants) <p>Using good technique, student PERCUSSES for:</p> <ul style="list-style-type: none"> • Liver size (at MCL) • Splenomegaly <p>EXTREMITIES: Student INSPECTS for:</p> <ul style="list-style-type: none"> • Palms • Nails and nail beds • Vibratory or position sense • Skin (e.g. for bruising, petechiae) <p>NODES: Using good technique, student PALPATES for:</p> <ul style="list-style-type: none"> • Axillary • Inguinal
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ANEMIA: ABNORMALITIES

<p>CHEILOSI, GLOSSITIS IDENTIFIES/RECOGNIZES</p> <ul style="list-style-type: none"> • Presence of cheilosis/glossitis identified by the student AND CONFIRMED by you <p>KNOWS ABOUT, student understands</p> <ul style="list-style-type: none"> • Sore tongue and fissures of the mouth assoc with vitamin deficiencies <p>LYMPHADENOPATHY IDENTIFIES/RECOGNIZES</p> <ul style="list-style-type: none"> • Presence of adenopathy identified by student AND CONFIRMED by you <p>KNOWS ABOUT, student understands that</p> <ul style="list-style-type: none"> • Lymphadenopathy is a marker of cancer or infection <p>PALLOR IDENTIFIES/RECOGNIZES =</p> <ul style="list-style-type: none"> • Presence of PALLOR identified by student AND CONFIRMED by you <p>KNOWS ABOUT, student understands</p> <ul style="list-style-type: none"> • Pallor of the conjunctiva (palpebral), palms or nail beds is a sign of anemia <p>SPLENOMEGALY IDENTIFIES/RECOGNIZES</p> <ul style="list-style-type: none"> • Splenomegaly identified by student AND CONFIRMED by you <p>KNOWS ABOUT, student understands that:</p> <ul style="list-style-type: none"> • An enlarged spleen sequesters red blood cells AND may be a sign of malignancy, congestion, infection <p>SYSTOLIC FLOW MURMUR IDENTIFIES/RECOGNIZES</p> <ul style="list-style-type: none"> • Systolic flow murmur identified by student AND CONFIRMED by you <p>KNOW ABOUT, student understands that</p> <ul style="list-style-type: none"> • A systolic flow murmur is a mid systolic crescendo-decrescendo murmur that typically occurs in an anatomically normal heart AND is a consequence of a HYPERDYNAMIC state

BACK PAIN

HISTORY

Student specifically:

- Asks how the pain has affected his/her life
- Asks how the patient is coping
- Demonstrates concern for the patient
- Responded with at least 1 empathic statement

Specifically asks about, elicits or establishes:

- Location
- Character
- Aggravating factors
- Alleviating factors
- Intensity (scale 1-10)
- Radiation
- Onset: Sudden v gradual
- Pattern: acute v chronic
- Pattern: constant v intermittent
- Pattern: accelerating or not
- Duration of each episode
- Total duration of the problem

Tot Specifically asks about ASSOC SX'S, including:

- Weakness in lower extremities
- Numbness in LE
- Other joint pain

Red Flags: Specifically asks about, elicits or establishes presence OR ABSENCE of:

- Cancer hx
- Osteoporosis, osteopenia
- Fever or recent infection
- IV drug use hx
- Corticosteroid use
- Change in bladder or bowel function
- Weight loss
- Hx aortic aneurysm

Rheum Sx's: Specifically asks about, elicits or establishes the PRESENCE OR ABSENCE of:

- Diffuse aching or pain in other joints
- Arthritis in other joints
- Past hx of arthritis
- Trauma

- New or unusual recent activity

PHYSICAL EXAM

Using good technique, the student specifically:

- Inspects alignment
- Elicits ROM
- Palpates spinous processes
- Palpates paravertebral muscles
- Assesses gait (if appropriate)

STRENGTH

Specifically assesses at:

- Hip
- Knee
- Ankle

SENSORY

With GOOD TECHNIQUE, specifically checks:

- S1 (lateral foot)
- L5 (2nd, 3rd toes)
- L4 (great toe)

REFLEXES

LEGS:

- Knees (L4)
- Ankles (S1)

STRAIGHT LEG RAISING (SLR)- Student specifically:

- Assures pt supine
- Performs PASSIVE leg raise

- Assesses for radiation of pain BELOW THE KNEE

BACK PAIN: ABNORMALITIES

BONY POINT TENDERNESS

IDENTIFIES/RECOGNIZES

- Focal tenderness identified by students AND confirmed by you

KNOWS ABOUT, student understands

- Focal tenderness may indicate tumor, infection or compression fx

LIMITED LATERAL FLEXION

KNOWS ABOUT, student understands

Limited lateral flexion is seen with the following spondyloarthropathies:

- Ankylosing spondylitis
- Reiter syndrome
- Psoriatic arthritis
- Inflammatory bowel disease

PAIN WITH SPINE EXTENSION

KNOWS ABOUT, student understands

This finding assoc with spinal stenosis

SADDLE ANESTHESIA

KNOWS ABOUT, student understands

- Saddle anesthesia is numbness of the groin and upper inner thighs, AND
- Indicates compression of cauda equina, AND
- Represents a medical/surgical emergency

SCOLIOSIS

IDENTIFIES/RECOGNIZES =

- Student recognizes the presence of scoliosis AND confirmed by you

KNOWS ABOUT, student understands

- Scoliosis is best observed when pt flexed at the waist

HOME

CHEST PAIN

HISTORY

Student specifically:

- Asks how the pain has affected his/her life
- Asks how the patient is coping
- Demonstrates concern for the patient
- Responds with at least one empathic statement

Specifically asks about or establishes:

- **Location**
- **Pattern:** acute v chronic
- **Character**
- **Intensity** (scale 1-10)
- **Radiation**
- **Pattern:** constant v intermittent
- **Pattern:** accelerating or not
- **Onset:** Sudden v gradual
- **Duration** of each episode
- Total **duration** of the problem
- **Aggravating** factors
- **Alleviating** factors

Student specifically establishes if OR IF NOT the pain is:

- **Substernal location**
- **Onset with activity**
- **Relieved with rest**
- **Relieved with NTG**

PAST HX

Specifically asks about, elicits or establishes presence OR ABSENCE of:

- **Ischemic heart dz (angina, MI, PCI or CABg)**
- **Valvular dz (known heart murmur)**
- **Peripheral vascular dz**
- **Cerebrovascular dz**

ASSOC SX'S

Specifically asks about, elicits or establishes presence OR ABSENCE of:

- **Dyspnea**
- **Sweating**
- **Lightheadedness**
- **Nausea**

RISK FACTORS

Specifically asks about, elicits or establishes presence OR ABSENCE of:

- **Elevated lipids**
- **DM**
- **Fam Hx CAD or sudden death**

Probes into potential GI causes of chest pain

Specifically inquires about presence OR ABSENCE of:

- **Use of acid blockers**
- **Pain affected by food or drink**
- **Hx of liver or gall bladder dz**
- **Hx of PUD, gastritis, esophagitis**
- **Hx of reflux or GERD**

Probes into potential PULMONARY/MS causes of chest pain

Specifically inquires about presence OR ABSENCE of:

- **Pain affected by cough or deep breathing**
- **Hx pleurisy**
- **Hx DVT/PE ("blood clots")**
- **Recent increase in (or unusual) activity (e.g. moving, exercising)**

PHYSICAL EXAM

Student auscultates at:

- **Bases**
- **Mid lung fields**
- **Upper lung fields**
- **Compares sides**
- **Does not listen thru clothing**

CHEST EXAM

On the anterior chest the student :

- **Inspects**
- **Palpates for tenderness**

AUSCULTATION

Using good technique, the student auscultates:

- **Aortic area**
- **Pulmonic area**
- **Tricuspid area**
- **Mitral area**
- **Does NOT listen thru gown or clothing**

Abdominal exam

The student directly palpates:

- **Epigastric area**
- **RUQ**
- **For liver edge**
- **For abdominal aorta**

Student checks for:

- **JVD**
- **HJR**

Student directly:

- **Inspects skin of feet**

<ul style="list-style-type: none"> • Hypertension • Smoking • Sedentary lifestyle • Cocaine use 	<ul style="list-style-type: none"> • Inspects nails beds for cyanosis • Palpates pretibial area for edema <p>Arterial exam The student directly:</p> <ul style="list-style-type: none"> • Palpates carotids • Palpates femorals • Palpates pedal pulses • Auscultates carotids • Auscultates abdominal aorta • Auscultates femoral arteries <p>Student directly:</p> <ul style="list-style-type: none"> • Inspects skin of feet • Inspects nails beds for cyanosis • Palpates pretibial area for edema
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CHEST PAIN: ABNORMALITIES

<p><u>EXTRA SOUNDS</u></p> <p><u>IDENTIFIES/RECOGNIZES:</u></p> <ul style="list-style-type: none"> • Presence of an S3 or S4 identified by student AND confirmed by you <p><u>KNOWS ABOUT:</u></p> <ul style="list-style-type: none"> • S3 is a early diastolic sound (can be confused with a split S2) that represents decreased LV compliance • S4 is a late diastolic sound (can be confused with a split S1) that also represents decreased LV compliance <p><u>SPLIT S2</u></p> <p><u>IDENTIFIES/RECOGNIZES:</u></p> <ul style="list-style-type: none"> • Presence of a SPLIT S2 identified by student AND confirmed by you <p><u>KNOWS ABOUT:</u></p> <ul style="list-style-type: none"> • Physiological split S2 due to delayed closure of pulmonic valve as RV volume increases durig inspiration • Widely split S2 commonly due to RBBB which delays closure of pulmonic valve • Paradoxically split S2 due to delayed closure of the aortic valve commonly from a LBBB <p style="text-align: center;">HOME</p>

CHF

HISTORY	PHYSICAL EXAM								
<p>Student specifically asks about or establishes:</p> <ul style="list-style-type: none"> • Pattern: acute v chronic • Pattern: constant v intermittent • Pattern: accelerating or not • Onset: Sudden v gradual • Duration of each episode • Total duration of the problem • Aggravating factors • Alleviating factors <p>ASSOC SX'S Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Fever OR chills • Wheezing OR cough • Chest pain • Palpitations • Hemoptysis • Edema • Weight gain • Orthopnea • PND <p>REASONS FOR EXACERBATION Student probes into:</p> <ul style="list-style-type: none"> • Adherence with meds • Adherence with salt/fluid restrictions • Recent change (by provider) of medications or doses of meds • Signs/sx's of infection • Acute ischemia <p>ESTABLISHES FUNCTIONAL CAPACITY Establishes when Sx's are present:</p> <table border="0"> <tr> <td>Class I</td> <td>Sx's only at exertion levels limiting normal people</td> </tr> <tr> <td>Class 2</td> <td>Sx's with ordinary activity</td> </tr> <tr> <td>Class 3</td> <td>Sx's with < ordinary activity</td> </tr> <tr> <td>Class 4</td> <td>Sx's at rest</td> </tr> </table> <p>CARDIAC RISK FACTORS Student establishes the presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Elevated lipids • DM • Fam Hx CAD • Hypertension • Smoking • Sedentary lifestyle • Cocaine use 	Class I	Sx's only at exertion levels limiting normal people	Class 2	Sx's with ordinary activity	Class 3	Sx's with < ordinary activity	Class 4	Sx's at rest	<p>Blood Pressure</p> <p>NECK Student obviously assesses for:</p> <ul style="list-style-type: none"> • JVD • HJR • Palpates thyroid <p>HEART EXAM</p> <ul style="list-style-type: none"> • Inspects anterior chest • Palpates anterior chest • Auscultates heart sitting and supine • Auscultates in 4 listening areas • Does not listen through gown <p>LUNGS Using good techniques the student:</p> <ul style="list-style-type: none"> • Percusses bases • Instructs pt to breath thru mouth • Auscultates bases • Auscultates bilaterally • Auscultates anterior and posterior • Does not listen thru gown <p>ABDOMINAL EXAM</p> <ul style="list-style-type: none"> • Inspects abdomen <p>Palpates abdomen for</p> <ul style="list-style-type: none"> • Hepatomegaly • Splenomegaly • Aortic pulsation • Ascites (if abdomen distended) <p>PERI PULSE EXAM</p> <ul style="list-style-type: none"> • Palpates carotids (lightly) • Palpates pedal pulses • Auscultates over carotids • Auscultates abdomen for bruits <p>LOWER EXTREMITIES</p> <ul style="list-style-type: none"> • Obviously checks for pretibial edema
Class I	Sx's only at exertion levels limiting normal people								
Class 2	Sx's with ordinary activity								
Class 3	Sx's with < ordinary activity								
Class 4	Sx's at rest								

MEDICATIONS

Specifically asks about, elicits or establishes:

- **An accurate list**
- **Specifically inquires if patient on ACEi or ARB**
- **If pt not on ACEi or ARB establishes reason why**
- **Specifically inquires if patient on *B*-blocker**
- **If pt not on *B*-blocker establishes reason why**
- **Asks about adherence with meds**

HOME

CHF ABNORMALITIES

BRUITS

IDENTIFIES/RECOGNIZES =

- Presence of **BRUITS** identified by student **AND CONFIRMED** by you

KNOWS ABOUT, student understands

- **BRUITS** are a sign of **ATHEROSCLEROTIC NARROWING**, and **BRUITS** in a CHF patient provides evidence of an ischemic cause of CHF.

CLUBBING

IDENTIFIES/RECOGNIZES =

- Presence of **CLUBBING** identified by student **AND CONFIRMED** by you

KNOWS ABOUT, student

- Understands that **CLUBBING** can be seen with cyanotic heart disease, lung tumors and chronic lung infections **AND** understands **CLUBBING** is not common in COPD

CRACKLES

IDENTIFIES/RECOGNIZES =

- Presence of **crackles** identified by student **AND CONFIRMED** by you

KNOWS ABOUT, student

- Understands that **CRACKLES** are a sign of pulmonary edema

CYANOSIS

IDENTIFIES/RECOGNIZES =

- Presence of **CYANOSIS** identified by student **AND CONFIRMED** by you

KNOWS ABOUT, student understands

- **CYANOSIS** is a **bluish tinge to the mucous membranes (lips)** that can be seen with **HYPOXIA**, confirmation with **ABG** or **BiOx** necessary
- Understands that **PULMONARY EDEMA** is a sign of **LV failure**

DIMINISHED BREATH SOUNDS

IDENTIFIES/RECOGNIZES =

- Presence of **DIMINISHED BREATH SOUNDS** identified by student **AND CONFIRMED** by you

KNOWS ABOUT, student understands

- **Diminished breath sounds** is a nonspecific sign of a pleural effusion also seen in **COPD**, **poor effort**, and **obesity**

EDEMA

IDENTIFIES/RECOGNIZES =

- Presence of **EDEMA** identified by student **AND CONFIRMED** by you

KNOWS ABOUT, student understands

- **PERIPHERAL EDEMA IN CHF** is due to **increased hydrostatic pressure**

- **BILATERAL PERIPHERAL EDEMA** can also be seen in nephrotic syndrome, renal insufficiency.

JVD

IDENTIFIES/RECOGNIZES =

- **Presence of JVD identified by student AND CONFIRMED by you**

KNOWS ABOUT, student understands:

- **JVD is a clinical marker of increased central venous pressure AND is seen in right sided CHF (most common), tricuspid insufficiency, superior vena cava syndrome (rare)**

HOME

COPD

HISTORY	PHYSICAL EXAM
<p>Specifically asks about or establishes:</p> <ul style="list-style-type: none"> • Pattern: acute v chronic • Intensity (scale 1-10) • Pattern: constant v intermittent • Pattern: accelerating or not • Onset: Sudden v gradual • Duration of each episode • Total duration of the problem • Aggravating factors • Alleviating factors <p>ASSOC SX'S Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Cough • Sputum production • Fever • Dyspnea • Hemoptysis • Orthopnea • Paroxysmal nocturnal dyspnea • Wheezing • Chest pain <p>PAST HX Student directly asks about:</p> <ul style="list-style-type: none"> • Previous hospitalizations for COPD/Asthma • Previous intubations • Home oxygen use • Smoking hx <p>FAM HX</p> <ul style="list-style-type: none"> • COPD <p>MEDICATIONS Student directly asks about:</p> <ul style="list-style-type: none"> • Doses/frequency of prescribed meds • Adherence to medications • Recent steroid (e.g. prednisone) use • Recent antibiotic use • OTC meds • Herbals <p>Student specifically asks about exposure to:</p> <ul style="list-style-type: none"> • Asbestos • Coal/stone dust • Grain/hay dust • Grass / tree pollen 	<p>Student obviously assesses for:</p> <ul style="list-style-type: none"> • JVD • HJR • Palpates thyroid • Examines pharynx <p>HEART EXAM Using good technique, the student auscultates:</p> <ul style="list-style-type: none"> • Aortic area • Pulmonic area • Tricuspid area • Mitral area • Does not listen thru clothing <p>COPD/ASTHMA Lung exam: Percussion</p> <ul style="list-style-type: none"> • Percusses lungs posteriorly <p>Lung exam: Auscultation</p> <ul style="list-style-type: none"> • Bases • Mid lung fields • Upper lung fields • Compares side to side • Front and back • Does not listen thru clothing <p>EXTREMITY EXAM Student inspects hands for: (student may need to verbalize what they are looking for):</p> <ul style="list-style-type: none"> • Cyanosis • Clubbing <p>LEGS FOR:</p> <ul style="list-style-type: none"> • Pretibial edema

- **Animals**

PREVENTIVE HEALTH

Student directly asks about:

- **Pneumovax**
- **Flu vaccination**
- **Exercise**

COPD: ABNORMALITIES

BRONCHIAL BREATH SOUNDS

ID/RECOGNIZES

- **Bronchial BS identified by student AND CONFIRMED by you**

KNOWS ABOUT

- **Student understands that bronchial breath sounds are a sign of consolidation**

CRACKLES

ID/Recognizes

- **Crackles identifies by the student AND CONFIRMED by you**

KNOWS ABOUT

- **Knows that crackles are a sign of pulmonary fibrosis, pulmonary edema or infiltrate/atelectasis.**

HYPERRESONANCE

ID/Recognizes

- **Hyperresonance identified on percussion by student AND CONFIRMED by you.**

KNOWS ABOUT

- **Understands that hyperresonance occurs with increased air in the chest (COPD or pneumothorax)**

WHEEZES

ID/Recognizes

- **Wheezes identifies by the student AND CONFIRMED by you**

KNOWS ABOUT

- **Knows that wheezes are a sign of airway narrowing (thru bronchoconstriction, inflammation and or pulmonary edema)**

COUGH

HISTORY	PHYSICAL EXAM
<p>Specifically asks about or establishes:</p> <ul style="list-style-type: none">• Pattern: acute v chronic• Character• Intensity (scale 1-10)• Pattern: constant v intermittent• Pattern: accelerating or not• Onset: Sudden v gradual• Duration of each episode• Total duration of the problem• Aggravating factors• Alleviating factors• Seasonal variation <p>Specifically asks about, elicits or establishes presence or absence of:</p> <ul style="list-style-type: none">• Fever• Chills• Hemoptysis• Wheezing• Sputum production• Post nasal drip• Heartburn / reflux• Weight loss• URI Sx's <p>Specifically asks about, elicits or establishes presence or absence of:</p> <ul style="list-style-type: none">• Allergies• Asthma hx• COPD hx• TB/PPD status• Sarcoid• Smoking• Hx of CHF <p>VACCINATION STATUS</p> <ul style="list-style-type: none">• Influenza• Pneumovax <p>MEDICATIONS</p> <p>Specifically asks about use of:</p> <ul style="list-style-type: none">• ACE inhibitors• B-agonist use	<p>HEENT / NECK EXAM</p> <ul style="list-style-type: none">• Pharynx for erythema, mucous, "cobblestone" appearance• Tympanic membranes• Inspects nasal passages• Palpates anterior cervical chain lymph nodes• Palpates posterior chain lymph nodes <p>COUGH</p> <p>LUNG EXAM</p> <ul style="list-style-type: none">• Percusses lungs posteriorly <p>Student auscultates at:</p> <ul style="list-style-type: none">• Bases• Mid lung fields• Upper lung fields• Compares side to side• Front and back• Checks forced expiratory maneuver (meant to elicit a wheeze not otherwise audible)• Does not listen thru clothing <p>HEART EXAM</p> <ul style="list-style-type: none">• Auscultates heart sitting and supine• Auscultates in 4 listening areas• Does not listen through gown

DEPRESSION

<p style="text-align: center;">HISTORY</p> <p>Student specifically:</p> <ul style="list-style-type: none"> • Asks how the symptom has affected his/her life • Asks how the patient is coping • Demonstrates concern for the patient • Responded with at least 1 empathic statement <p>DSM IV CRITERIA FOR DEPRESSION Student specific elicits the presence or absence of:</p> <p>Common psychological sx's</p> <ul style="list-style-type: none"> • Depressed mood (feeling down, sad hopeless) in past month • Anhedonia (loss of ability to feel pleasure) • Concentration problems (memory problems or indecisiveness) • Feeling guilty ("blames self") • Suicidal thoughts <p>Common vegetative sx's</p> <ul style="list-style-type: none"> • Sleep disturbance (insomnia or hypersomnia) • Psychomotor activity (problems sitting still or "moving in slow motion") • Fatigue • Weight change • Appetite change <p>Student probes for COMMON SOMATIC COMPLAINTS assoc with depression, including:</p> <ul style="list-style-type: none"> • Fatigue • Myalgias ("sore muscles") • Arthralgias ("sore joints") • Headache • Nausea • Lightheaded / dizzy • Changes in bowel movements <p>Student elicits the PRESENCE OR ABSENCE of distinguishing features of other conditions, including:</p> <p>PSYCHOTIC SX'S:</p> <ul style="list-style-type: none"> • Delusions (false beliefs firmly held by pt - persecution, grandiose, somatic, etc) 	<p>Student elicits the presence OR ABSENCE of features of potential medical explanations, including:</p> <p>Thyroid</p> <ul style="list-style-type: none"> • Heat or cold intolerance • Constipation/diarrhea • Hx of thyroid disorder <p>Adrenal</p> <ul style="list-style-type: none"> • Sx's of CUSHINGS (proximal muscle weakness, easy bruising, facial redness) • Sx's of ADDISONS (fatigue, weight loss, anorexia, hyperpigmented skin, hypotension) <p>Neurological</p> <ul style="list-style-type: none"> • Hx stroke or stroke sx's • Parkinsons or hx of tremor • Hx head trauma <p>Medications</p> <ul style="list-style-type: none"> • Corticosteroids • Metoclopramide (reglan) • Clonidine (catapress)
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- **Hallucinations (auditory, visual, tactile)**

FEATURES OF DEMENTIA

- **Memory impairment**
- **Apraxia** (inability to follow commands)
- **Aphasia** (impairment of speech and comprehension of speech)

DELIRIUM

- **Difficulty focusing attention**
- **Easily distracted**
- **Rambling irrelevant conversation**

BIPOLAR

- **Abnormally elevated mood**
- **Decreased need for sleep**
- **Racing of thoughts**

DIABETES

HISTORY	PHYSICAL EXAM
<p>Student specifically asks about or establishes:</p> <ul style="list-style-type: none"> • Age of onset of DM • Eating patterns • Exercise habits • Weight history • Hypoglycemic episodes • Previous treatments • Responses to treatments (i.e. A1c) <p>Student specifically establishes the presence or absence of:</p> <ul style="list-style-type: none"> • Smoking • Lipid disorders • Family Hx vascular disease • Hypertension <p>Student asks about or establishes the presence or absence of:</p> <p>Established or suspected microvascular complications</p> <ul style="list-style-type: none"> • Retinopathy • Nephropathy • Neuropathy • Hx of foot problems • Sexual dysfunction • Gastroparesis (nausea after eating) • Recurrent infections <p>Established or suspected macrovascular complications</p> <ul style="list-style-type: none"> • CAD (i.e. angina, MI, hx of CABg, PCI) • Peripheral arterial disease • Cerebrovascular disease <p>Student specifically asks or establishes the need for:</p> <ul style="list-style-type: none"> • Diabetes education • Dilated eye exam • Home glucose monitoring • Dental exam • Cholesterol check • Pneumococcal vaccination 	<p>Using good technique, the student:</p> <ul style="list-style-type: none"> • Performs a fundoscopic exam • Inspects the mouth and teeth • Palpates the thyroid <p>Using Good Technique, the student obviously performs:</p> <p>Cardiac auscultation</p> <ul style="list-style-type: none"> • Aortic area • Pulmonic area • Tricuspid area • Mitral area • Does NOT listen thru gown or clothing <p>Arterial auscultation:</p> <ul style="list-style-type: none"> • Carotids • Abdominal aorta • Femoral arteries <p>Arterial palpation:</p> <ul style="list-style-type: none"> • Carotids • Femoral • Dorsalis pedis • Posterior tibial <p>Using good technique, the student:</p> <ul style="list-style-type: none"> • Obviously inspects the feet for lesions • Checks patellar reflexes • Checks Achilles reflexes • Determines the presence or absence of sensation in the feet (e.g. monofilament testing)

MEDICATIONS: Specifically asks about, elicits or establishes

- **An accurate list**
- **Specifically inquires if patient on ACEi or ARB**
- **Specifically inquires if patient is on aspirin**
- **If pt not on ACEi or ARB establishes reason why**
- **Asks about adherence with medication regimen**

DYSPNEA

<p style="text-align: center;">HISTORY</p> <p>SX CHARACTERISTICS Specifically asks about elicits or establishes:</p> <ul style="list-style-type: none">• Pattern: acute v chronic• Onset: Sudden v gradual• Aggravating factors• Alleviating factors• Intensity (scale 1-10)• Pattern: constant v intermittent• Pattern: accelerating or not• Duration of each episode• Total duration of the problem <p>ASSOC PULMONARY SX'S Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none">• Wheezing• Cough• Sputum production• Hemoptysis <p>ASSOC CARDIAC SX'S Student specifically asks about:</p> <ul style="list-style-type: none">• Orthopnea• PND• Edema• Palpitations• Chest pain• Orthostatic symptoms• Dizziness <p>ASSOC GENERAL SX'S Student specifically asks about:</p> <ul style="list-style-type: none">• Fever• Chills• Sweats• Nausea• Anxiety• Weakness <p>DVT RISKS Student specifically asks about:</p> <ul style="list-style-type: none">• Recent immobilization• Calf pain• Leg/calf swelling• Past Hx DVT or PE <p>ENVIRONMENTAL HX Student specifically asks about exposure to:</p> <ul style="list-style-type: none">• Paints/solvents	<p>PAST HX Student specifically asks about a past hx of:</p> <ul style="list-style-type: none">• Pulmonary dz• Cardiac dz• Anemia• Renal dz• Neurologic dz <p style="text-align: center;">PHYSICAL EXAM</p> <p>Dyspnea, examines neck Student specifically:</p> <ul style="list-style-type: none">• Assesses for JVD• Palpates over liver to assess for HJR• Auscultates carotids for bruits <p>DYSPNEA, Percusses lungs Student specifically:</p> <ul style="list-style-type: none">• Percusses at the bases bilateral• Uses good technique <p>AUSCULTATES LUNGS: Student specifically:</p> <ul style="list-style-type: none">• Instructs patient to breath thru mouth• Listens at the bases• Listens at the apices• Listens posteriorly• Listens anteriorly• Compares sides• Does NOT listen thru gown or clothing <p>AUSCULTATES HEART: Using good technique, the student auscultates:</p> <ul style="list-style-type: none">• Aortic area• Pulmonic area• Tricuspid area• Mitral area• Does NOT listen thru gown or clothing• Listens sitting & supine• Listens in the LLD position <p>DYSPNEA, Examines legs Student specifically:</p> <ul style="list-style-type: none">• Palpates for tenderness along the deep venous system• Assesses for pitting edema• Inspects for varicosities
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<ul style="list-style-type: none">• Asbestos• Coal/stone dust• Grain/hay dust• Moldy/musty environment	<ul style="list-style-type: none">• Palpates pedal pulses
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HOME

DYSPNEA: ABNORMALITIES

ACUTE DYSPNEA

Student can list the following as common causes of **acute** dyspnea:

- **Pulmonary edema**
- **PE**
- **Pneumonia**
- **Acute exacerbation COPD**
- **Asthma**
- **Cardiac ischemia**

CHRONIC DYSPNEA

Student can list the following as common causes of **chronic** dyspnea:

- **CHF**
- **COPD**
- **Pulmonary fibrosis**
- **Pulmonary HTN**
- **Anemia**
- **Neuromuscular weakness**
- **Pneumothorax**

DYSPNEA

Student understands that disease in many organ systems can cause dyspnea, including:

- **Cardiac**
- **Pulmonary**
- **Anemia**
- **Hypovolemia**
- **Metabolic acidosis**
- **Neuromuscular weakness**

SIGNS OF DVT

Identifies/Recognizes/Knows about:

- **Collateral superficial veins**
- **Tenderness along the deep venous system**
- **Calf swelling**
- **Unilateral pitting edema on symptomatic side**

HOME

DYSURIA

HISTORY	NO PE ITEMS FOR DYSURIA
<p>CHARACTERIZES DYSURIA Specifically asks about or establishes:</p> <ul style="list-style-type: none">• Onset: Sudden v gradual• Total duration of the problem• Pattern: acute v chronic• Pattern: constant v intermittent• Pattern: accelerating or not• Intensity (scale 1-10)• Duration of each episode• Alleviating factors• Aggravating factors <p>ASSOC GU SX'S Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none">• Frequency• Urgency• Hesitancy• Incomplete voiding• Hematuria• Vaginal or penile discharge <p>HX GU DISEASE Student asks about:</p> <ul style="list-style-type: none">• Renal stones• STD's• UTIs <p>ASSOC SX'S GENERAL Student specifically asks about:</p> <ul style="list-style-type: none">• Fever• Chills• Sweats• Back/flank pain• Abdominal pain/Groin pain	

HOME

FLUID & ELECTROLYTES

HISTORY	NO PE ITEMS FOR FLUID & ELYTE
<p data-bbox="188 344 784 405">Student specifically asks questions that help establish the presence or absence of:</p> <p data-bbox="188 438 472 468"><i>VOLUME DEPLETION</i></p> <ul data-bbox="237 510 578 699" style="list-style-type: none">• Weight loss• Thirst• Diarrhea• Polyuria• Decreased oral intake• Fever <p data-bbox="188 737 435 766"><i>FLUID OVERLOAD</i></p> <ul data-bbox="237 808 621 966" style="list-style-type: none">• Edema• Weight gain• Abdominal distention• Orthopnea/PND• Excessive dietary sodium <p data-bbox="188 1039 386 1068">MEDICATIONS</p> <p data-bbox="188 1071 573 1100">Student specifically asked about:</p> <ul data-bbox="237 1102 704 1260" style="list-style-type: none">• Diuretic use• Cathartic use (for constipation)• NSAID use (assoc with fluid retention)• Adherence with medications <p data-bbox="188 1297 456 1327">RELEVANT PAST HX</p> <p data-bbox="188 1329 557 1358">Student specifically asks about:</p> <ul data-bbox="237 1360 472 1549" style="list-style-type: none">• CHF• Liver dz• Renal dz• Pulmonary dz• Cancer• CNS dz <p data-bbox="444 1717 542 1747">HOME</p>	

GI BLEED

<p style="text-align: center;">HISTORY</p> <p>Specifically asks about or establishes key bleeding characteristics, including:</p> <ul style="list-style-type: none"> • Pattern: acute v chronic • Pattern: constant v intermittent • Pattern: accelerating or not • Duration of each episode • Total duration of the problem • Aggravating factors • Alleviating factors <p>Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Syncope or presyncope • Chest pain • Dyspnea • Abdominal pain • Vomiting or retching • Weight loss • Early satiety • Dysphagia • Change in bowel habits <p>Specifically asks about, elicits or establishes the presence or absence of UGI vs LGI features:</p> <ul style="list-style-type: none"> • Hematemesis • Coffee-ground emesis • Epigastric pain • Stool color and frequency • Melena • Bright red or maroon stool/diarrhea • Mid to lower abdominal pain <p>Inquires about a PAST HX of GI probs, including:</p> <ul style="list-style-type: none"> • PUD • H pylori • Esophageal disease (GERD, varices) • Liver dz • Diverticulosis/diverticulitis • Colitis • Hemorrhoids • Anal fissure • Abdominal operations <p>Inquires about a PAST HX of other probs, including:</p> <ul style="list-style-type: none"> • Anemia 	<p>Specifically asks about and establishes the presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Alcohol use • Tobacco use • Psychosocial stressors • Financial concerns for care <p style="text-align: center;">PHYSICAL EXAM</p> <p>BLOOD PRESSURE AND HEART RATE Using good technique, student assesses:</p> <ul style="list-style-type: none"> • Supine BP and HR • Standing BP and HR <p>INSPECTION Student obviously inspects abdomen for:</p> <ul style="list-style-type: none"> • Surgical scars • Distension • Asymmetry • Cutaneous abnormalities (e.g. dilated veins, bruising) <p>AUSCULTATION Student obviously listens for:</p> <ul style="list-style-type: none"> • bowel sounds • renal bruits • aorta bruits • iliac bruits <p>PERCUSSION Using good technique, student percusses for:</p> <ul style="list-style-type: none"> • Liver size at MCL • Splenomegaly <p>ADB - ASSESSES ORGANS Using good technique student obviously palpates for:</p> <ul style="list-style-type: none"> • Liver edge • Splenomegaly • Masses • Pulsations <p>PALPATION Using good technique, student uses palpation to assess for:</p> <ul style="list-style-type: none"> • Areas of tenderness in 4 quadrants • Epigastric tenderness • Signs of peritonitis <p>Student obviously assesses for:</p> <ul style="list-style-type: none"> • Conjunctiva for pallor or icterus
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<ul style="list-style-type: none"> • Bleeding problems <p>Inquires about a PAST HX of GI procedures and their results, including:</p> <ul style="list-style-type: none"> • Colonoscopy • EGD <p>Specifically asks about, elicits or establishes:</p> <ul style="list-style-type: none"> • All meds, including OTC • Supplements/herbs • Specifically asks about NSAID use (including OTC NSAIDS) • Specifically asks about "blood thinners" (e.g. plavix, aspirin, coumadin) 	<ul style="list-style-type: none"> • Palmar erythema • Spider angiomas on face & upper thorax <p>RECTAL EXAM</p> <p>Under supervision, when appropriate, the student:</p> <ul style="list-style-type: none"> • Clearly explains to the patient the reason for the test • Clear explains to the patient what to expect • Performs the exam competently • Checks stool for heme positivity (when appropriate)
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HOME

GI BLEED: ABNORMALITIES

NASOGASTRIC ASPIRATION

Knows about:

- Understands that when the site of bleed is unclear, that a (+) NG aspirate for blood or coffee-ground-like material can help differentiate an UGI v LGI source of bleeding (NG aspirate = 80% sensitive and 100% specific for an UGI source of GI bleeding)

ORTHOSTATIC CHANGES

ID/recognizes

- Identifies a drop in systolic BP of > 10 mmHg and an increase in HR 10 - 25 BPM from lying to standing and CONFIRMED by you

Knows about

- Understands that (+) orthostatic changes can be assoc with a loss of 20-25% of intravascular volume in a bleeding patient

SPIDER ANGIOMA

ID/recognizes

- Spider angioma identified by student and CONFIRMED by you

KNOWS ABOUT

- Understands that spider angiomas on the face, neck and upper thorax may indicate cirrhosis, (which may be assoc with UGI bleed risk thru esophageal varices)

HOME

HEADACHE

<p style="text-align: center;">HISTORY</p> <p>PAIN CHARACTERISTICS Specifically asks about, elicits or establishes:</p> <ul style="list-style-type: none">• Location• Character• Onset: Sudden v gradual• Aggravating factors• Alleviating factors• Intensity (scale 1-10)• Radiation• Pattern: acute v chronic• Pattern: constant v intermittent• Pattern: accelerating or not• Duration of each episode• Total duration of the problem <p>ASSOC SX's Specifically asks about, elicits or establishes:</p> <ul style="list-style-type: none">• Nausea/vomiting• Photophobia• Difficulty concentrating• Fever• Neck stiffness <p>ASSOC NEURO SX'S</p> <ul style="list-style-type: none">• Visual Sx's• Weakness• Sensory changes (numbness)• Difficulty with coordination <p>RED FLAGS Specifically asks about, elicits or establishes if the PAIN IS:</p> <ul style="list-style-type: none">• "Worst" headache ever• First severe headache• Sudden Onset• Nocturnal• Effort related <p>PAST MED & FAM HX Specifically asks about, elicits or establishes:</p> <ul style="list-style-type: none">• Previous headaches (if not already covered)• Temporal arteritis or polymyalgia rheumatica• Cancer history• Hypertension• Glaucoma• Head trauma• Cervical spine (neck)disease• Depression	<p>SOCIAL HX Specifically asks about, elicits or establishes:</p> <ul style="list-style-type: none">• Alcohol use• Illicit drug use• Tobacco• Occupational hx• Psychosocial stress• Financial concerns for care <p style="text-align: center;">PHYSICAL EXAM</p> <p>Assesses neck for stiffness</p> <p>CRANIAL NERVES Using good technique student examines:</p> <ul style="list-style-type: none">• Optic discs (Uses ophthalmoscope) (CN II)• Visual acuity (CN II)• Visual fields (CN II)• Pupil light reaction (CN III)• 6 cardinal EOM's in an H pattern (CN III, IV, VI)• Pain or temp 3 areas of face (CN V)• Eyebrow raising, eye closing, shows teeth (CN VII)• Hearing (finger rub) (CN VIII)• Palate elevation "ahh" (CN IX, X)• Gag reflex (CN IX, X)• Trapezius or SCM strength (CN XI)• Tongue inspection (? midline) & strength (CN XII) <p>NEUROLOGICAL EXAM</p> <p>STRENGTH Student assesses for:</p> <ul style="list-style-type: none">• Proximal UE strength• Distal UE strength• Proximal LE strength• Distal LE strength• Compares sides <p>SENSATION Using good technique, student examines extremities for:</p> <ul style="list-style-type: none">• Vibration OR proprioception• Pinprick OR Temp• Upper and lower extremities• Distal to proximal, each limb <p>REFLEXES Using good technique, student elicits:</p> <ul style="list-style-type: none">• Biceps
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<ul style="list-style-type: none">• Fam Hx headaches	<ul style="list-style-type: none">• Triceps• Patellar• Achilles• Plantar response (if clinically indicated) <p>CEREBELLAR Using good technique, student performs:</p> <ul style="list-style-type: none">• Finger-to-nose OR heel-to-shin• Rapid alternating movements
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HYPERTENSION

<p style="text-align: center;">HISTORY</p> <p>HTN HX Student specifically asks about elicits or establishes:</p> <ul style="list-style-type: none"> • Duration of HTN • Degree of control • Results of previous antihypertensive Rx • Side effects from previous antihypertensive Rx <p>SECONDARY HTN Student probes into POTENTIAL secondary causes, including:</p> <p><u>AORTIC COARCTATION</u></p> <ul style="list-style-type: none"> • Headache • Cold feet • Leg pain <p><u>CHRONIC RENAL DZ</u></p> <ul style="list-style-type: none"> • Anorexia • Nocturia • Edema of legs <p><u>CUSHINGS</u></p> <ul style="list-style-type: none"> • Weight gain • Hirsutism <p><u>PHEO</u></p> <ul style="list-style-type: none"> • Sweating • Heart racing • Pulsatile HA <p><u>HYPERALDOSTERONISM</u></p> <ul style="list-style-type: none"> • Cramping • Nocturia and thirst <p>END-ORGAN COMPLICATIONS Student specifically probes for symptoms or a history of:</p> <ul style="list-style-type: none"> • Cardiovascular dz • Cerebrovascular dz • Peripheral vascula dz • Renal dz <p>CARDIAC RISK FACTORS Student directly asks about:</p> <ul style="list-style-type: none"> • Elevated lipids • DM • Fam Hx CAD • Smoking • Sedentary lifestyle 	<p>FAMILY HISTORY Student specifically asks about:</p> <ul style="list-style-type: none"> • HTN • Premature CAD • Stroke • DM • Lipid disorders <p>MEDICATIONS Student specifically inquires about:</p> <ul style="list-style-type: none"> • Previous antihypertensive therapy • Current medications • OTC medications • Herbal supplements <p>SOCIAL HX</p> <ul style="list-style-type: none"> • Alcohol intake • Smoking hx • Employment • Stress • Exercise • Dietary sodium • Dietary fat/cholesterol <p style="text-align: center;">PHYSICAL EXAM</p> <p>Blood Pressure Measurement</p> <p>NECK EXAM Student examines neck for:</p> <ul style="list-style-type: none"> • Bruits • JVD <p>HTN: Ophthalmoscopic Exam</p> <ul style="list-style-type: none"> • Darkens room (if feasible) • Instructs patient appropriately (look into distance, keep eyes still, ask for break if needed) • Uses right hand and right eye for the patients right eye • Uses left hand and left eye for the patients left eye • Approaches laterally • Arrives about 2 inches in front of the patients eye • Sees vessels (self report) • Sees the disc (self report) • Reports on the presence or absence of hypertensive changes (i.e. AV narrowing, AV nicking, hemorrhage, papilledema)
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<ul style="list-style-type: none"> • Cocaine use <p>PAST HX Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Coronary dz (MI, angina, hx CABg or stents) • Peripheral arterial dz • Cerebrovascular dz (TIA, CVA) 	<p>THYROID EXAM</p> <ul style="list-style-type: none"> • Approaches patient from the side OR posterior • Hand the patient a glass of water and asks patient to hold a sip in their mouth • Places fingers between the SCM and trachea • Asks patient to swallow <p>CHEST PAIN, Cardiac auscultation</p> <ul style="list-style-type: none"> • Inspects anterior chest • Palpates anterior chest • Auscultates in 4 listening areas • Auscultates sitting & supine • Auscultates at apex with the patient in the LLD position • Does NOT listen thru gown or clothing <p>ABDOMINAL EXAM Student obviously:</p> <ul style="list-style-type: none"> • Percusses liver size • Palpates for enlarged liver • Palpates for enlarged kidneys • Palpates for abnormal aortic pulsation <p>Peripheral vascular Exam</p> <ul style="list-style-type: none"> • Palpates pedal pulses • Auscultates abdomen for bruits (renal arteries and abdominal aorta) • Auscultates over the femoral arteries for bruits • Palpates pretibial area for edema
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JOINT PAIN

HISTORY	PHYSICAL EXAM
<p>PAIN CHARACTERISTICS Specifically asks about, elicits or establishes:</p> <ul style="list-style-type: none"> • Location: including monoarticular v polyarticular • Character • Intensity (scale 1-10) • Radiation • Onset: Sudden v gradual • Duration of each episode • Total duration of the problem • Aggravating/alleviating factors <p>PATTERN Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • acute v chronic • symmetric vs. asymmetric • small v large joints • axial and/or preipheral joints • worse in AM vs. better in AM vs. no difference • nocturnal pain <p>ASSOC LOCAL SX'S Student enquires about:</p> <ul style="list-style-type: none"> • Warmth • Tenderness • Redness • Trauma • Sensory deficit (numbness, tingling) • Weakness <p>ASSOC SYMPTOMS Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Weakness/fatigue • Fever • Weight loss • Rash • Chest pain • Dyspnea • Dry eyes <p>Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Diabetes • Thyroid dz • Cancer • Ischemic heart disease • Psoriasis 	<p>Hand</p> <ul style="list-style-type: none"> • Inspects hand for swelling, wasting deformity • Palpates - DIP joints on both hands • Palpates - PIP joints both hands • Palpates - MCP joints both hands <p>Wrist</p> <ul style="list-style-type: none"> • Inspects for swelling • Palpates for swelling, tenderness • Palpates moving wrist for crepitus • Assesses flexion and extension • Assesses ulnar and radial deviation <p>Elbow</p> <ul style="list-style-type: none"> • Inspects both elbows • Palpates both elbow for tenderness, swelling • Tests both elbows ROM - extension-flexion • Tests both elbows ROM - supination - pronation • Tests active and passive ROM <p>Shoulder</p> <ul style="list-style-type: none"> • Inspection - shoulders bare • Inspection - anterior and posterior for swelling wasting or deformity • Palpates - sternoclavicular joint • Palpates - AC joint • Palpates - subacromial space • Abduction to 120 degrees of abduction • Flexion • Extension • Internal rotation • External rotation • Compares both shoulders • Uses passive ROM when limitations in active ROM noted <p>HIP</p> <ul style="list-style-type: none"> • Palpation of hip joint • Palpation of greater trochanter • Internal and external rotation (knee and hip flexed to 90 degrees, move foot medially = external rotation and laterally = internal rotation) • Tests hip flexion <p>Knee</p> <ul style="list-style-type: none"> • Inspects for swelling deformities and

<ul style="list-style-type: none"> • Past joint surgery <p>FAMILY HX Student specifically inquires about:</p> <ul style="list-style-type: none"> • Osteoarthritis • Rheumatoid arthritis • Lupus • Occupation • Hobbies/leisure activities <p>Medication HX Student specifically asks about, elicits or establishes:</p> <ul style="list-style-type: none"> • An accurate list • Specifically asks about NSAIDS • OTC and alternative meds • Asks about adherence with prescribed medication regimen (if appropriate) 	<p>redness</p> <ul style="list-style-type: none"> • Palpates for effusion and local tenderness • Tests active extension and flexion at the knee • Tests passive extension and flexion at the knee • Tests medial collateral ligaments (knee flexed to 10 degrees exerts varus and valgus stress) • Tests anterior cruciate ligament (patient supine, knee flexed, student sits on patients foot, grasps upper leg and pulls tibia toward themselves)
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JOINT PAIN: SPECIAL TESTS

<p><u>Hawkins test</u></p> <ul style="list-style-type: none"> • Forward flex arm elbow bent 90 degrees, internally rotate arm. Pain on internal rotation assoc with subacromial impingement. <p><u>Empty-can supraspinatus test</u></p> <ul style="list-style-type: none"> • Abduct arms to 90 degrees, forward flexed 30 degrees, thumbs pointing downward. Student applies downward force and asks patient to resist. Weakness assoc with rotator cuff pathology
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LIVER DISEASE

HISTORY	PHYSICAL EXAM
<p>Student specifically asks about or establishes:</p> <ul style="list-style-type: none"> • Pattern: acute v chronic • Pattern: constant v intermittent • Pattern: accelerating or not • Total duration of the problem • Aggravating factors • Alleviating factors <p>Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Jaundice • Discolored urine • Light-colored stool • Diarrhea • Rectal bleeding • Hematemesis • Abdominal pain • Increased abdominal girth • Pruritis <p>Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Weight loss • Fever • Nausea/vomiting • Edema • Altered mental status <p>Specifically asks about, elicits or establishes presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Alcohol use • Injection drug use • Transfusions • Diabetes hx • Previous hepatitis hx • Travel • Household contact • Eating undercooked shellfish <p>Specifically asks about, elicits or establishes the presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Prescription medications • OTC medications • Herbs or supplements <p>Specifically asks about, elicits or establishes the presence OR ABSENCE of:</p> <ul style="list-style-type: none"> • Fam hx liver dz • Vaccination for Hep A and/or B 	<p>EYE EXAM Student obviously checks:</p> <ul style="list-style-type: none"> • Sclera (for icterus) <p>NECK EXAM</p> <ul style="list-style-type: none"> • JVD / HJR • Supraclavicular nodes <p>INSPECTION Student obviously inspects abdomen for (you may need to have the student STATE what they are inspecting for):</p> <ul style="list-style-type: none"> • Surgical scars • Distension • Asymmetry • Cutaneous abnormalities (e.g. dilated veins, bruising) <p>AUSCULTATION Student obviously listens for:</p> <ul style="list-style-type: none"> • bowel sounds • renal bruits • aorta bruits • iliac bruits <p>PERCUSSION Using good technique, student percusses for:</p> <ul style="list-style-type: none"> • Liver size at MCL • Splenomegaly • Shifting dullness <p>PALPATION Using good technique, student uses palpation to assess for:</p> <ul style="list-style-type: none"> • Areas of tenderness in 4 quadrants • Signs of peritonitis • Liver edge • Splenomegaly • Masses • Pulsations <p>Student obviously assesses:</p> <ul style="list-style-type: none"> • Palms (for erythema, contractures) • Pretibial edema • Skin of upper thorax / neck for spider angiomas

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| <ul style="list-style-type: none">• Transfusions• Consumption of uncooked shellfish• Sexual hx | |
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LIVER DISEASE: ABNORMALITIES

ASCITES

ID/Recognizes

- **Ascites identified by student and CONFIRMED by you**

KNOWS ABOUT

- **Understands that ascites commonly represents a consequence of portal hypertension or a peritoneal malignancy (ovarian CA)**

HEPATOMEGALY

ID/Recognizes

- **Hepatomegaly identified by student via percussion or palpation AND CONFIRMED by you**

KNOWS ABOUT

- **Understands general causes of hepatomegaly include infectious, passive congestion (CHF) and cancer.**

SPLENOMEGALY

ID/Recognizes

- **Student identifies a spleen tip on palpation AND CONFIRMED by you**

KNOWS ABOUT

- **Understands splenomegaly can occur as a result of infectious (SBE, mono), passive congestion (portal hypertension), neoplastic (lymphoma), or myeloproliferative disorders (CML)**

INFORMED DECISION MAKING

DECISION MAKING

Patients Role:

Rationale: Many patients are not aware that they can or should participate in medical decision making

Sample (or something like this)

- "I'd like us to make this decision together"

DECISION MAKING

Clinical issue or nature of the decision:

Rationale: Articulates specifically what is to be decided on and allows physician to share their thinking

Sample (or something like this):

- "This is a medication that would help with..."

DECISION MAKING

Alternatives:

Rationale: A decision is always a choice among certain options, including nothing at all.

Sample (or something like this):

- "You could try the new medication or continue the one you are on now"

DECISION MAKING

Discusses benefits and risks:

Rationale: Fully explore the pros and cons of each option.

Sample (or something like this):

- "The new medication is more expensive but you only have to take in once a day:

DECISION MAKING

Assesses patients understanding:

Rationale: Once core disclosures made, physician checks with patient to assess understanding, a core goal of informed decision making

Sample (or something like this):

- "Does this make sense to you? Do you have any questions so far?"
- "You have to take it once daily"

DECISION MAKING

Explores patients preferences:

Rationale: Patients should be asked for their opinion and personal preferences.

Sample (or something like this):

- "Does this sound reasonable?" or "What would you like to see happen?"

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SUBSTANCE USE

<p style="text-align: center;">HISTORY</p> <p>MARKERS OF ABUSE</p> <ul style="list-style-type: none">• Failure to fulfill social obligations due to substances (work absences, poor performance, neglect of house or children)• Use in physically hazardous situations (driving or operating machines)• Recurrent legal problems due to substance• Continued use in spite of recurrent harm (fights, arguments, economic, relationships, etc) <p>MARKERS OF DEPENDENCE</p> <p>Student specifically asks about physiological changes:</p> <ul style="list-style-type: none">• Tolerance• Withdrawal <p>Markers of uncontrollable use:</p> <ul style="list-style-type: none">• Use of substance in larger amounts or longer than intended• Unsuccessful attempts to quit (or cut down) or a persistent desire to do so• Continued use in spite of recurring harm (health, social, legal, economic)• A lot of time spent obtaining, using, or recovering from substances effects <p>Important social, occupational or recreational DRUG/ALCOHOL USE HISTORY</p> <p>Student specifically asks about:</p> <ul style="list-style-type: none">• Use of injection drugs• If yes, use of shared needles• Use of alcohol <p>If positive, use CAGE</p> <ul style="list-style-type: none">• Have you ever felt the need to CUT DOWN on your drinking• Have you felt ANNOYED by criticism of your drinking?• Have you ever felt GUILTY about your drinking?• Have you ever needed an EYE-OPENER 1st thing in the AM to steady your nerves?• Activities reduced due to substance use. <p style="text-align: center;">HOME</p>	
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Smoking Cessation

<p>5 A'S OF SMOKING CESSATION</p> <p>ASKS</p> <ul style="list-style-type: none"> • About current and past tobacco use. Establishes pack-years of smoking <p>ADVISES</p> <p>Students ADVISES the patients to quit, uses clear, strong and personalized statements:</p> <ul style="list-style-type: none"> • <i>Clear</i>: "Quitting is the single most important change you can make to improve your health" • <i>Strong</i>: "I would like you to quit now and I can help you" • <i>Personalized</i>: "Your shortness of breath and cough are clearly caused by your smoking." <p>ASSESESSES</p> <ul style="list-style-type: none"> • Student assesses the patients willingness to quit <p>Student ASSISTS patient by:</p> <ul style="list-style-type: none"> • Developing a quit plan (♦ set quit date within 2 weeks, ♦ request support from family & friends, ♦ anticipate withdrawal, ♦ remove tobacco from environment) • Providing counseling (♦ discuss success and failures of past quit attempts, ♦ encourage total abstinence, ♦ anticipate triggers and help with strategies to overcome them, ♦ engage family and friends to not smoke around patient) • Facilitating social support (♦ encourage patient to engage family and friends in quit attempt) • Considering pharmacotherapy (♦ nicotine replacement, ♦ bupropion) <p>ARRANGE</p> <ul style="list-style-type: none"> • Student helps ARRANGE follow up (e.g. 2x in the first month) <p style="text-align: center; margin-top: 20px;">HOME</p>	<p style="text-align: center;">Symptoms assoc with smoking</p> <p>Student specifically asks questions probing for symptoms of diseases assoc with chronic smoking, including:</p> <ul style="list-style-type: none"> • CAD (exertional chest pain) • COPD (cough, dyspnea, sputum production) • PAD (leg pain with walking) • Lung cancer (weight loss, hemoptysis) • Cerebrovascular dz (hx of CVA, TIA's)
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Clinical Skills Cardiovascular Exam

<p>Cardiovascular Exam and Knowledge</p> <p>PERI PULSE EXAM</p> <ul style="list-style-type: none">• Palpates carotids (lightly)• Palpates pedal pulses• Auscultates over carotids• Auscultates abdomen for bruits• Auscultates over the femoral arteries for bruits <p>HEART EXAM</p> <ul style="list-style-type: none">• Inspects anterior chest• Palpates anterior chest• Auscultates heart sitting and supine• Auscultates in 4 listening areas• Auscultates at apex with the patient in the LLD position• Does not listen through gown <p>STUDENT UNDERSTANDS:</p> <ul style="list-style-type: none">• S3 is an early diastolic sound that represents decreased LV compliance (can be confused with a split S2)• S4 is a late diastolic sound that also represents decreased LV compliance (can be confused with a split S1) <p>STUDENT UNDERSTANDS:</p> <ul style="list-style-type: none">• A physiologically split S2 is due to delayed closure of pulmonic valve as RV volume increases during inspiration• A widely split S2 is commonly due to RBBB which delays closure of pulmonic valve• A paradoxically split S2 is due to delayed closure of the aortic valve commonly from a LBBB <p>HOME</p>	
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HEENT AND NECK EXAM

<p>Using good technique, the student examines:</p> <p>EARS</p> <ul style="list-style-type: none">• Uses otoscope to examine external canals and TMS <p>THROAT</p> <ul style="list-style-type: none">• The student examines the posterior pharynx (using tongue depressor if necessary) <p>EYES</p> <ul style="list-style-type: none">• Checks the conjunctiva (palpebral and bulbar)• Checks for pupil symmetry <p>OPHTHALMOSCOPE</p> <ul style="list-style-type: none">• Darkens room (if feasible)• Instructs patient appropriately (look into distance, keep eyes still, ask for break if needed)• Uses right hand and right eye for the patients right eye• Uses left hand and left eye for the patients left eye• Approaches laterally• Arrives about 2 inches in front of the patients eye• Sees vessels (self report)• Sees the disc (self report) <p>THYROID EXAM</p> <ul style="list-style-type: none">• Approaches patient from the side OR posterior• Hand the patient a glass of water and asks patient to hold a sip in their mouth• Places fingers between the SCM and trachea• Asks patient to swallow <p>HOME</p>	
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NEUROLOGIC EXAM / Mental Status Exam

Neurologic Exam	Mental Status Exam
<p>CRANIAL NERVES: Using good technique student EXAMINES:</p> <ul style="list-style-type: none">• Optic discs (CN II)• Visual acuity (CN II)• Visual fields (CN II)• Pupil light reaction (CN III)• 6 cardinal EOM's in an H pattern (CN III, IV, VI)• Pain or temp 3 areas of face (CN V)• Eyebrow raising, eye closing, grimace (CN VII)• Hearing (finger rub) (CN VIII)• Palate elevation "ah" (CN IX, X)• Gag reflex (CN IX, X)• Trapezius or SCM strength (CN XI)• Tongue inspection (? midline) & strength (CN XII) <p>CEREBELLAR: Using good technique, student performs</p> <ul style="list-style-type: none">• Finger-to-nose OR heel-to-shin• Rapid alternating movements <p>STRENGTH: Student assesses for:</p> <ul style="list-style-type: none">• Proximal UE strength• Distal UE strength• Proximal LE strength• Distal LE strength• Compares sides <p>SENSATION: Using good technique, student examines extremities for:</p> <ul style="list-style-type: none">• Vibration OR proprioception• Pinprick OR Temp• Upper and lower extremities• Distal to proximal, each limb <p>REFLEXES: Using good technique, student elicits</p> <ul style="list-style-type: none">• Biceps• Triceps• Patellar• Achilles• Plantar response (if clinically indicated) <p style="text-align: center;">HOME</p>	<p>MENTAL STATUS: Student elicits:</p> <ul style="list-style-type: none">• Orientation (date, season, place)• Registration (repeat Ball, Flag, Tree)• Serial 7's or WORLD backward (DLROW)• Recall (delayed recall of Ball, Flag, Tree)• Repeat "No ifs, and, or buts"• Naming (watch and pencil)• Reading ("close your eyes", patient follows command)• 3-step command ("Take this paper, fold in half and place on floor)• Writing (Drawing clock or copy a design or write a sentence)