The Clinical Encounter And History Taking

Good Communication

1- Improve patient satisfaction

2- Improve doctor satisfaction

3- Use time more effectively

Poor Communication

1- Leads to patient dissatisfaction

2- Misunderstanding

3- Complaints

The clinical environment

Choose a quiet, private place.

May not be available !

Take enough time

As a student take AT LEAST 30 minutes.

- Be professional in dress and behavior to give a good first impression.

- Introduce yourself.

- Shake hands *if culturally appropriate.*

\- Ask the patient about the MAIN problem

\- Listen ACTIVELY

\- Start with OPEN questions

\- Observe patient's body language

>> Example:

- Tell me **MORE** about your chest pain **(open question).**

- Was your pain severe? **(closed question)** (yes or no questions)

- *You start with open questions, then to get the details you ask closed questions afterwards.*

Confirmation

Clarifying

Ex: "What do you mean by *dizziness*?"

Sensitive Questions Guidelines

- Respect patient privacy

- Be direct and firm

- Be nonjudgmental

- Use appropriate language

- Document carefully
  - Use patient's words as possible

- Have empathy understanding what your patient is going through.

Empathy ≠ Sympathy

- Sympathy is the expression of sorrow.

Personal responsibilities

- Do not pursue an improper relationship with a patient, and do not give medical care to anyone with whom you have a close personal relationship.

- Remember that to be fit to take care of patients, you must first take care of yourself. If you think you have a medical condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, consult your general practitioner. Examples might include serious communicable disease, significant psychiatric disease, or drug or alcohol addiction.

The History

What is it?

Patient interview in systematic way to record and find out the necessary medical information

Why is it important ?

- Helps in reaching the diagnosis
- Helps in formulation treatment plan
- Evaluates disease progression / regression
- Medico-Legal record

Complete History Taking

1- Patient profile
2- Chief complaint
3- History of present illness
4- Systemic enquiry
5- Past medical and surgical history
6- Drug and allergy history
7- Family history
8- Social history

1- **The patient's profile:**

* <u>Name:</u> (الاسم الثلاثي)

Full and accurate , ***Why ?***
- Communicate with patient
- Medico-legal aspects

* <u>Age Or date of birth:</u>

- Certain diseases correlated with age
- Management according to age

* Marital status
* Address
* Job
* Source of history : patient , relative..
* Source & time of referral/admission.
* Who took the history.
* Date & time of history taking.

** Example

Mrs. Laila Ahmad Isam is a 34 year-old married lady.

She works as a teacher and lives in al-Zarqa city

She was admitted on the 2nd of July 2020 on 3:15 a.m. through the ER.

History was taken from the patient herself by me ____ , 4th year medical student on the 4th of July 2020 at 10:00 a.m.

2- Chief complaint:

- The **major problem** in the patient's own words plus its **duration**. **(prior to admission)**

➢ Use patient's words
➢ Avoid medical terminology.

Examples

✅ Use ✅	❌ Don't use ❌
Difficulty in swallowing	dysphagia
Shortness of breath	dyspnea
Abnormal movement	Seizure
Chest pain	angina

Many complaints ??

- Use the first symptoms that caused patient to seek medical advice

- Or the most concerning symptom to the patient

3- History of present illness:

- It is the analysis of the presenting complaint
- The patient was doing well until.. OR
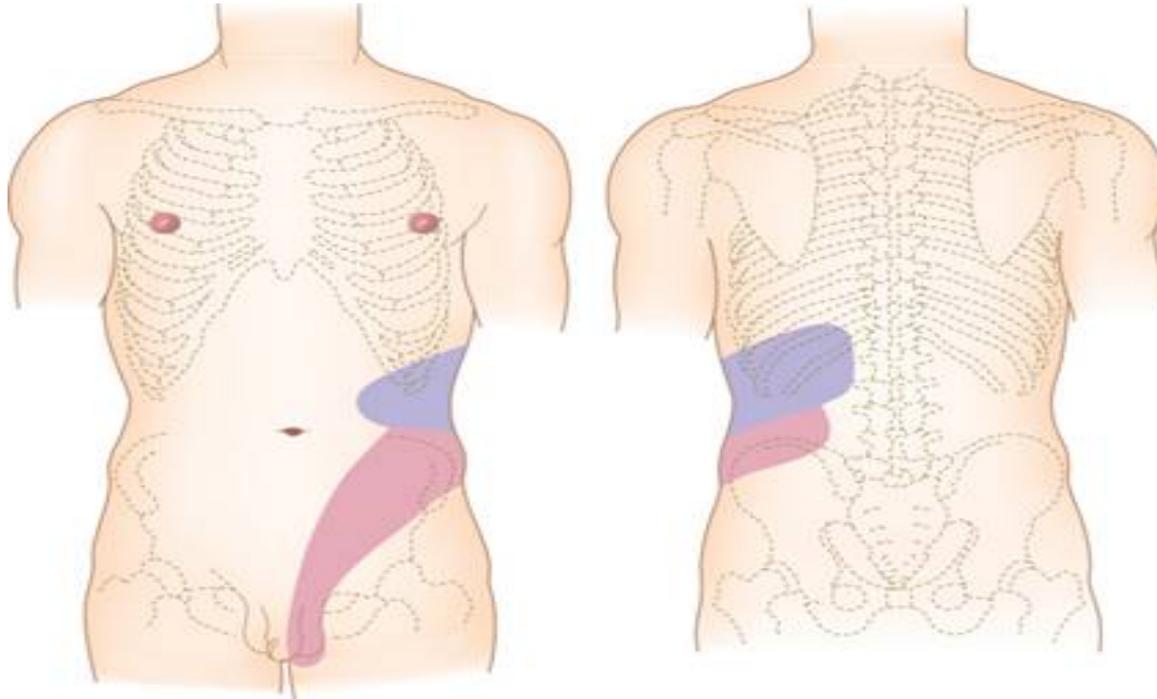- The patient was relatively doing well until .....

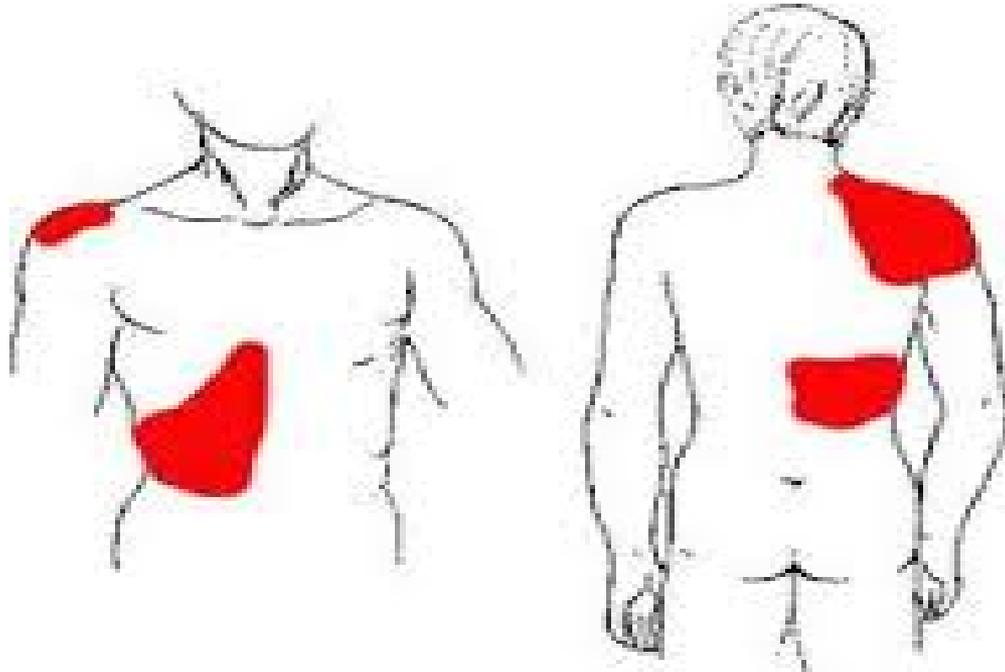## PATIENT'S OWN WORDS !

Characteristics of pain (SOCRATES)

- **S**ite

- **O**nset (sudden vs gradual)

- **C**haracter : sharp , dull , burning , stabbing, crushing

- Radiation : Through local extension or referred pain by a shared neuronal pathway to a distant unaffected site (Ex: diaphragmatic pain at the shoulder tip via the phrenic nerve(c3 ,c4))

Radiating pain

Referred pain

- Associated symptoms
- Timing : duration , course , pattern
  - Duration: of each attack
  - Course: evolution of pain during the attack
    (progression vs regression)
  - Pattern: episodic vs continuous
  If episodic , duration and frequency of attack
  If continuous , any change in severity
  - Relation to time of day/night
(e.g every 15 minutes then none at night)

- Exacerbating & relieving factors :
 exertion , rest , posture , food , medications.

- Severity (grade 0-10).

- For any complaint ask about previous history of the same complaint.

- Effects on lifestyle : work , money, relationships.

- Negative information should be included if they contribute to the diagnosis or help exclude other possibilities

4- Review of Systems:

General health :
- Well being , appetite , weight change , energy , sleep, mood.

Cardiovascular system:
- Chest pain on exertion (angina)
- Shortness of breath :
- Lying flat (orthopnea)
- At night (PND) paroxysmal nocturnal dyspnea.
- Palpitations
- Pain in legs on walking (claudication)
- Lower limb swelling

Respiratory:

- Shortness of breath
- Cough
- Wheezing
- Sputum production
- Blood in sputum (hemoptysis)
- Chest pain

Gastrointestinal:

- Mouth (oral ulcers)
- Difficulty swallowing (dysphagia)
- Painful swallowing (odynophagia)
- Nausea & vomiting
- Vomiting blood (hematemesis)
- Heart burn
- abdominal pain
- Change in bowel habits

Genitourinary:

- Pain or difficulty passing urine (dysuria)
- Polyuria (passing large amounts)
- Frequency passing urine (at night called nocturia)
- Blood in urine (hematuria)
- Incontinence
- Poor stream
- Erectile dysfunction (in men)

Nervous System:

- Headache
- Dizziness
- Faints
- Fits
- Altered sensation
- Weakness
- Visual & hearing disturbance
- Memory & concentration changes

Musculoskeletal:

- Joint pain , stiffness & swelling
- Mobility
- falls

Endocrine:

- Heat or cold intolerance
- Sweating
- Excessive thirst (polydepsia)

5- Past medical and surgical history:

- Chronic illness
- Previous hospital admissions
- History of blood transfusions
- Past procedures (endoscopies, bronchoscopies, cath)
- Past surgical history (date, hospital, emergent or elective, complications)

- Past gynecological & obstetric history: (5th year)

- Number of pregnancies & complications , types of deliveries & complications .

- Menstrual cycle (Last menstrual period, age of menarche, regularity , length , amount , pain)

- contraception.

6- Drug History:

- Ask about prescribed medications , illegal drugs , over the counter drugs (analgesics , vitamins, laxatives, herbs), inhalers and topical drug (Write the generic name)
- Dose, frequency & duration of treatment.
- Side-effects
- Indication
- Compliance

* Example:

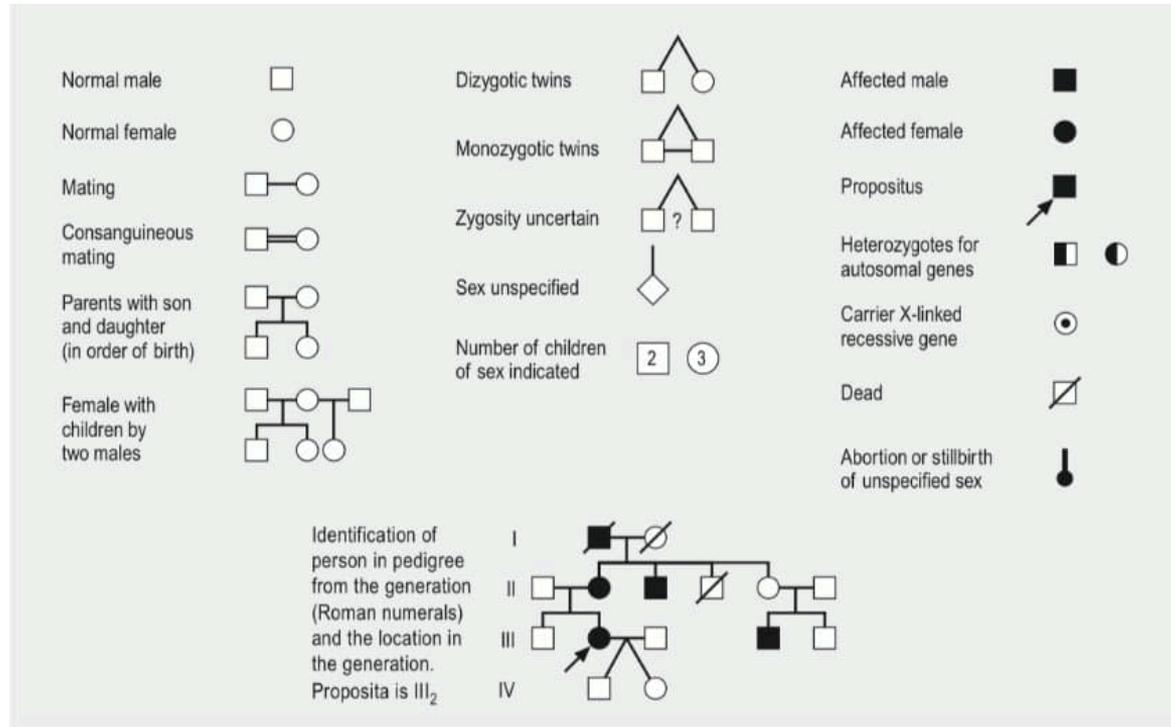| drug	dose	duration	Indication	Side effects
Clopidogrel	75 mg daily	5 years	After myocardial infarction	none

- <u>Allergy:</u>

Drugs
Foods
Seasonal

7- Family History:

- Document familial diseases (cancer , IHD , asthma, syndromes)
- Age of death in first degree relatives (parents , siblings & children)
- Pedigree chart

Fig. 2.1 Symbols used in constructing a pedigree chart, with an example. The terms 'propositus' and 'proposita' indicate the man or woman identified as the index case, around whom the pedigree chart is constructed.

8- Social History:

- **Occupation**: current & previous (exposure to hazards : chemicals , dust , asbestos)

2.9 Examples of occupational disorders			
Occupation	**Factor**	**Disorder**	**Presents**
Shipyard workers, marine engineers, plumbers and heating workers, demolition workers, joiners	Asbestos dust	Pleural plaques Asbestosis Mesothelioma Lung cancer	>15 years later
Stonemasons	Silica dust	Silicosis	After years
Farmers	Fungus spores on mouldy hay	Farmer's lung (hypersensitivity pneumonitis)	After 4–18 hours
Divers	Surfacing from depth too quickly	Decompression sickness Central nervous system, skin, bone and joint symptoms	Immediately, up to 1 week
Industrial workers	Chemicals, e.g. chromium Excessive noise Vibrating tools	Dermatitis on hands Sensorineural hearing loss Vibration white finger	Variable Over months Over months
Bakery workers	Flour dust	Occupational asthma	Variable
Healthcare workers	Cuts, needlestick injuries	Human immunodeficiency virus, hepatitis B and C	Incubation period >3 months

- **Marital status , relationships , sexual history:**

Take a full sexual history <u>only if the context or pattern of symptoms suggests this is relevant</u>. Ask questions sensitively and objectively (see later). Signal your intentions: 'As part of your medical history, I need to ask you some questions about your relationships. Is this all right?'

- **Type of home , stairs**
- **Pets**
- **Travel history**
- **Smoking**
- What form of tobacco they have used (cigarettes , cigars , pipe)
- Duration
- Amount expressed by pack years
- Passive smoking

** Calculating pack years

- 1 pack of cigarettes = 20 cigarettes

Pack-years = $\dfrac{\text{Number of cigarettes smoked per day * number of years smoking}}{20}$

* Example:

15 cigarettes per day for 40 years= 30 pack years

- **Alcohol:**

- Ask them to describe how much and what type (beer, wine, spirits) they drink in an average week
- Report alcohol consumption in units (1 unit of alcohol = (10 mL of ethanol) is contained in one small glass of wine, half a pint of beer or lager)

- % Ethanol in beer = 4%
- % Ethanol in wine = 12 %
- % Ethanol in spirit = 40 %

** Calculate units based on the ethanol concentration.

- E.g., 500 ml of 4% beer alcohol
= 20 ml pure ethanol
= 2 units

 - E.g., 300 ml of wine alcohol
   = 12% *300
   = 36 ml pure ethanol
   = 3.6 units

Ending

- Summarize the findings
- Examine the patient
- Find a diagnosis or list differential diagnoses.

Thank You