History Taking

Dr. Gary Mumaugh – Western Physical Assessment

Always Remember …

- Have fun and be enthusiastic!
- You will not master these skills quickly
  - They develop with time, practice and clinical experience and exposure
- This class is just the starting point and a place to build a solid foundation
- Repetition and challenging yourself is the key
- Practice, practice, practice your skills
- Never stop thinking and questioning

- The more you put into this skills, the more you will get out of them

NEVER GIVE UP

The patient interview is thought to be a simple process, but it can be a challenging task

Patient Interviewing

- Goals of the patient interview:
  - To create a Dr. patient relationship that respects individual boundaries
    - Letting the patient get to know you
    - Getting to know the patient, bonding with them and hearing their concerns
  - Begin to create a differential diagnosis
    - Allow the patient to describe his/her complaints
    - Ask patient questions in a sensitive manner
  - To educate and motivate the patient to follow through with care.

History Taking – 4 Pillars

- Accurate assessment
  - Perform careful TCM history & evaluation
  - Be able to access western medical disease
- Be vigilant about the “red flags”
  - Know the red flags when to refer a patient to a western healthcare professional
  - Acute red flags and sub-acute red flags

History Taking – 4 Pillars

- Good record keeping
  - One effective approach to assessment is to utilize the SOAP method
    - Subjective complaints and patient history
    - Objective evaluation including both
    - Assessment or careful evaluations
    - Plan of treatment
- Clear and reliable communication
  - Be able to effectively communicate with western healthcare professionals

Patient Interview Skills

- Non Verbal Skills
  - Eye contact
  - Facial expression
    - Smile and empathetic look
  - Posture
    - Open body position
  - Position
    - “Knee to Knee”
    - Get rid of the desk
  - Bad habits
    - Chewing gum, drinking, biting pen, etc.

Patient Interview Skills

- Verbal Skills
  - Complete sentences
  - General to specific
  - Ask neutral questions
  - Focus on one complaint at a time
  - Develop flow of questions
  - Avoid slang terms (yah, u-hah, nope, etc.)
  - Rate, tone and volume of speech
    - Do not rush, speak slow and clearly, soft voice
  - Listening skills
    - Listen carefully and do not interrupt

Difficult Situations

- Elderly confused patients
  - Determine if you need a family member to obtain and accurate history
  - In general go slowly, speak clearly and simplify your questions
  - K. I. S. S.
- Hearing Problems
  - Ask patient if they can hear you and understand you
  - Use an ASL interpreter if needed

Difficult Situations

- Adolescents
  - Teenagers can be disrespectful, sarcastic, and non communicative.
  - Avoid discussing feelings.
  - Focus on activities and interests…then move on to your medical question.
- Emotional Responses
  - Go toward them, do not convey discomfort.
  - Be supportive and empathetic

Difficult Situations

- Sexual come-ons
  - Some patients may be physically attractive to you or visa versa – a normal feeling
  - But keep your boundaries in place
  - A patient may make a approach to you or say something suggestive
    - Do not ignore this
    - Deal with it NOW
    - Address it immediately without anger and reproach
    - Handle the situation carefully to keep the relationship intact.

Difficult Situations

- Language barriers
  - In our multicultural society, language barriers are very common
  - You may want to use a translator so you do not miss important information
- Autistic or demented patients
  - Those who are socially or intellectually challenged (or both) can present special problems
  - Try to get help from a relative or professional aid who accompanies patient

Know The Red Flags

- We live in a litigious society
  - The accepted legal standard is that failure to provide the best available treatment constitutes malpractice
- TCM practitioners are NOT exempt
- If a TCM practitioner fails to refer a seriously ill patient or who shows any signs of becoming seriously ill…
- There could be legal exposure

- TCM professionals must recognize the RED FLAGS to make sure that patients are PROMPTLY referred to the appropriate Western Medical Professional

Acute Red Flags
Needs an Emergency Referral

- Complications of your own treatment
  - Pneumothorax from needle placement
    - Know the anatomy of the thorax and lungs
  - Peritonitis from needling the abdomen
    - Rare, but slightly possible
  - Neurogenic shock
- Chest Pain
  - DD – musculoskeletal, pneumothorax, MI, dissecting thoracic aneurysm, pulmonary embolism

Acute Red Flags

- SOB
  - Dyspnea becomes a red flag if it suddenly worsens
  - DD – reactive airway disease, pulmonary or vascular disease, CHF, COPD
- Severe Abdominal Pain
  - DD – appendicitis, ruptured DU, peritonitis
- Upper or Lower GI Bleeding
  - Vomiting, hematemesis, melana

Acute Red Flags

- Tender swelling in calf
  - DD – DVT, pulmonary embolism, hematoma in the deep compartment, gangrene
- Sudden redness of eye with pain
  - Red conjunctivitis is painless, benign and self limiting
  - Acute sub conjunctival hemorrhage with pain or altered vision
  - Uveitis – eyeball inflammations

Acute Red Flags

- Acute changes in level of consciousness
  - Stroke, diabetic coma, intracranial bleed from ruptured cerebral aneurysm, brain tumor, acute hydrocephalus, meningitis or encephalitis

Subacute Red Flags

- Persistent cough
  - Lung infection, pneumonia, TB, cancer
- Infections
  - PID, bronchitis, pyelonephritis
- New onset of headache
  - Tumor, hydrocephalus
- Chronic pain with weight loss
  - Cancer possibility
- Rapid or irregular heart rythms

Subacute Red Flags

- Masses or lumps
  - Any abdominal lump MUST be evaluated
- Skin lesions
  - RO skin cancer, SCC, BCC, Melanoma
  - Remember ABCD
- Bleeding from breast
  - Mastitis, cancer, tumor
- Excessive vaginal bleeding
  - Fibroids, endometriosis, polyps

Subacute Red Flags

- New onset of neurological symptoms
  – Weakness, altered sensation
- Frequent dizziness or light headed episodes
  – Vertigo, tumor
- Fever of unknown origin
  – Cancer, TB, UTI, bone infection

History Taking

- Face to face encounter with the patient
- Importance of history taking
  - Obtaining and accurate history is the critical first step in determining the etiology of the patient’s problem
  - A great percentage of time (75%) you will actually be able to make a diagnosis based on the history alone

Demographics First

- Always record the personal details
  - Name
  - Age
  - Address
  - Sex
  - Ethnicity
  - Occupation and hobbies
  - Religion
  - Marital status
  - Examination date
  - Insurance information if needed

6 Parts of a Complete Medical History

- CC – Chief Complaint
- HPI – History of Present Illness
- PMI – Past Medical History
- FH = Family History
- Psychosocial History
- ROS – Review of Systems (and Vitals)

Take vitals before you proceed to systemic examination

CC – Chief Complaints

- Begin each medical interview with a patient centered approach
  - Set the stage
    - Welcome the patient
    - Ensure comfort and privacy
    - Use the patient’s name and introduce yourself
  - Set the agenda
    - Use open-ended questions for chief complaints and other concerns
  - Make the transition
    - From open-ended questions to specific questions

CC – Chief Complaints

- State the patient's most severe symptom
- Use patient's own words if possible
  - What brings you here? How can I help you?
  - What seems to be the problem?
- If patients barrages you with a variety of symptoms
  - You will need to drill down to get to the chief complaint
  - Focus first on this and then move on to the others

CC – Chief Complaints

- Do not let the patient attempt his/her own diagnosis
- The key is to not correct the patient
- Ask what specifically clinical symptoms he/she meant by?

HPI – History of Present Illness

- Details and progression or regression of the chief complaint
- This is your own description of the patient’s problem

HPI – History of Present Illness

- Elaborate on the chief complaint in detail with "W" & "H" questions
  - What? Where? When? How?
- Have a differential diagnosis in mind
- Ask relevant associated symptoms
- Lead the conversation and thoughts
- Use facilitating expressions to encourage patient to continue
  - Mmm, Hmm, Yes, Uh huh, I am with you, listening body language

HPI – History of Present Illness

- Use the **mnemonic** approach to cover all relevant information under HPI
- For each symptom **“OLD CARTS”**

HPI – "OLD CARTS"

- **O – Onset** (When began? Date? Time?)
- **L – Location** (Where is it exactly?)
- **D – Duration** (Permanent? Comes & Goes? How long?)
- **C – Character** (Quality? Describe it. Sharp, dull stabbing, etc.)
- **A – Aggrevating/Alleviating Factors** (What makes it worse? What makes it worse?)
- **R – Radiation** (Does it change or radiate anywhere else?)
- **T – Timing** (Time of day better or worse? Comes & goes?)
- **S – Severity Scale** (Strength & intensity? 1-10)

Most common HPI Pitfall is …

- Not fully questioning patient about HPI
- Rush to get into the objective part of the exam
- Patient in a rush

- By not understanding the CC, you will spend to much time doing unnecessary testing and never solve the CC – i.e. “fishing”
- Fully understanding the CC is a MUST!!

Example: *Patient fell off a rock when gardening 6 days ago. Right foot swelled that night and patient went to hospital ER where he was prescribed some anti-inflammatories, which he cannot remember.*

Right foot is bruised and swollen with an open wound with greenish discharge, has associated high fever and chills.

PMI – Past Medical History

- This is often the longest of the 6 parts of the history
- Easy to remember sequence by going chronologically
- Gather the information that may have any bearing on the patients CC

Eliciting the Past Medical History

- How would you describe your health?
- Are you having any other problems with your health?
- Do you have any other medical problems?
- Are you being treated for any other medical condition?

PMI – Past Medical History

- Birth data
- Early development
- Past surgical history
- Marital history
- Obstetric history
- Current medical status
- Medications & allergies
- Sexual history
- Alcohol and tobacco

PMI – Past Medical History

- Birth data
  - Birth weight? Normal baby? Mom have any problems in pregnancy?
- Early development
  - Any unusual problems
- Past surgical history
  - What? When? Where? Why?

PMI – Past Medical History

- Marital status
  - If married with kids, ages? Any health issues?
  - Living together with spouse/partner?
- Obstetric history
  - Gravida / Para / Abortions
  - G4P4A1 = Having three living children
- Current medical status
  - Is there anything else of significance besides today’s health concerns?

Expanding on Obstetric History

Establishing the EDD (Expected Date of Delivery)

- Naegele's rule: take the first date of the LMP (last menstrual period), add one week, subtract three months and add one year
- Example: LMP 4/19/13 – plus one week for a date of 4/26/13, subtract three months for a date of 1/26/13, add one year for a EDD 1/26/14
- EDD is verified several ways
  - Ultrasound
  - Doptone (positive 10-12 weeks)
  - Fetoscope (positive 18 weeks)
  - Fetal movement – quickening (18-24 weeks)

PMI – Past Medical History

- Medications and allergies
  - Current medication list? Any known allergies?
- Sexual history
  - Has single or multiple partners?
  - Any history or symptoms of STDs?
- Alcohol / Tobacco
  - Amount consumes or uses daily?
  - If high alcohol intake, use CAGE questions

- **C** – Ever thought of **cutting** down drinking?
- **A** – Ever **annoyed** over others criticism of drinking?
- **G** – Ever felt **guilty** about drinking?
- **E** – Ever had an "**eye opener**" drink first thing in the morning to get over the hangover?

FH – Family History

- Major illnesses in the immediate family (parents, siblings, grandparents) that may be pertinent to patient's condition
- Genetic diseases
  - Sickle cell, cystic fibrosis
- Familial diseases
  - Breast cancer, Type II diabetes
- Psychiatric diseases
  - Affects patient's psychosocial environment
- Contagious or toxic
  - Lead poisoning, influenza

FH – Family History

- Any familial disease running in the family
  - HTN, cardiac, cancer, arthritis, DM, mental or neurological developmental delays
- Ask if parents and siblings are alive and what is their health?
- If not, what was cause of death?
- Ask if spouse or his/her family has any familial disease
- **After FH, be sure to look if there is any of the FH that would be pertinent to current problem**

Psychosocial History

- Describes the patient as a person in the society
  - Personal status
  - Occupation
  - Education
  - Home conditions
  - Interests and hobbies

Psychosocial History

- Ask about home situation and who else lives in the home?
- Ask about ADL – activities of daily living
- If any member of the family member is important to the patient, who would be there for him/her if they get sick?
- Ask is patient feels safe at home
  - Rules out possibility of abuse

Psychosocial History

- Ask if patient needs any help regarding safety at home
- Ask about employment (and education) and interest and hobbies
- Ask about the patient’s outlook on life
  - What is the most important to you?
  - Would you consider yourself a happy person?
  - Glass ½ empty or ½ full?
  - If so what makes you happy or angry?

ROS – Review of Systems

- Detailed review of both present and past medical problems
- Start from general and go to specific symptoms
- Visualize the body from “top to bottom” and “Inside out”
- Share some similarities with “10 questions of Chinese Medicine”

ROS – Review of Systems

- Constitutional
  - General health, energy, appetite, fevers, chills, night sweats, weight changes
  - Psychosocial – Hx of depression, anxiety, fears and medications
- Specific Organ Systems
  - Skin
    - Pruritis, bruising, hair, mole changes, ABCD

ROS – Review of Systems

- Specific Organ Systems
  - HEENT
    - Head & Neck – swellings, trauma, pain, stiffness, headaches, heat/cold intolerance
    - Ears – having problems, otalgia, tinnitus
    - Eyes – visual problems, blurring, spots, flashes
    - Nose – deviated septum, sleep difficulty, sinusitis, epistaxis, rhinitis
    - Throat/mouth – dental problems, TMJ, sores, throat pain, hoarseness, dysphagia

ROS – Review of Systems

- Specific Organ Systems
  - Lymph nodes
    - Swelling
  - Chest and Lungs
    - Wheezing, cough, sputum, dyspnea, hemoptysis
  - Breast
    - Mass, tenderness, discharge
  - CVS
    - Palpitations, pain, orthopnea, exercise intolerance

ROS – Review of Systems

- Specific Organ Systems
  - GI Tract
    - Pain, indigestion, heartburn, GERD, nausea, vomiting, diarrhea, constipation, bowel change, melena, rectal problems, bleeding, jaundice
  - Urinary Tract
    - Dysuria, polyuria, nocturia, hematuria, urgency, incontinence
  - Male Genital
    - Sores, discharge, scrotal pain, hernia, sexual dysfunction, dysparunia

ROS – Review of Systems

- Specific Organ Systems
  - Female Genitalia
    - Sores, vaginal discharges and bleeding, sexual dysfunction, dysparunia
  - Musculoskeletal System
    - Arthritis, joint pain, muscle weakness, fractures, trauma
  - Neurological
    - Fainting, seizures, tremors, numbness, weakness

Split up and practice interview questions

Lab Goals

- Learn rationale for each aspect of the exam
  - Basic anatomy, physiology, pathophysiology
  - Learn appropriate techniques
  - Learn correct use of exam tools
  - Learn how to put everything together along with the history

Work hard. Nap Hard.