

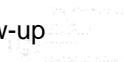
SP exercise

- Focused History & Physical Exam
- Wednesday March 31 and Thursday April 1
- 30 minutes in room with SP
 - SP already in gown
 - No prize to leave early
- Only need stethoscope
- CC: Premenopausal female with acute abdominal pain
- Setting: Emergency Department



SP exercise

- In small group TODAY
 - discuss differential diagnosis of abdominal pain
 - If you're not sure, use VINDICATE (pathologic processes)
 - Don't miss what could kill the patient
 - +/- findings of different kinds of abdominal pain
 - Physical exam steps, maneuvers you'd do
 - Labs you'd order in ED
 - Admit orders (if relevant) or follow-up



SP exercise

Focused H&P

- What doesn't change?
 - Pt identifiers – age (and sex)
 - HPI open ended.....what makes it better?, worse?, how long?, quality?, tried meds?, similar pain before?.....
 - Pt perspective of illness
 - Medications
 - Allergies (drug and reaction)
- You decide how much of Family Hx, Social hx, ROS, Health Screening to ask
- You decide how much of psychical exam to do
- NO PRIZE TO DO THE LEAST!!



SP exercise

- Don't talk to each other
 - Student documented test result, never ordered in computer
 - Student documented History, never asked SP – proof on video
- Practice on computer – email Donna Quinones to set up practice case “Warren Kirk”



SP exercise

Must pass all three components to pass exercise

1. Patient perception scale (any “does not meet” = fail)
2. SP checklist (History and PE)
3. Computer exercise – 1 hour
 - CC (do NOT write up History and PE)
 - Pertinent +/- findings from History & PE
 - Problem List
 - Differential Diagnosis
 - Order Labs
 - Final Diagnosis
 - Management – Think ADC VAN DISMAL (admit orders)
 - JUSTIFICATION OF FINAL DX
 - make your case; AND
 - document why other DDxs are less likely



Announcements

- Canceling PCM lecture for Wednesday April 7 at 10:30 am.
- Today last day for EKGs!!!
- Critical analytical skills: Dr. Linda Brubaker