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)
  - HIPI 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 physical 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