

Interactive history and exam session

<p><u>Administrative goals:</u></p> <ul style="list-style-type: none">• Direct observation of history taking• Patient note #2	<p><u>Practical goals:</u></p> <ul style="list-style-type: none">• During the session: Take a history on a patient with an eye complaint and obtain physical exam information• After the session: Write a patient note based on your interaction
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For this session, students will be paired. One student will act as a patient, and their history and physical exam will be provided to them.

The other student will act as the examiner, and start by taking a history. Then, the examiner will ask the patient for physical exam information in oral boards style. For example:

Examiner: "I will check the patient's visual acuity with a near card, by asking him to cover one eye with the palm of his hand, wear his habitual glasses and hold the near card at 14 inches away,"

Patient: "The visual acuity in my right eye is 20/20, and in the left eye is 20/40."

Examiner: "I will now check the confrontation visual fields by...." etc.

Then, students will switch roles. The history and physical exam provided to the next student will be a different case.

After this is completed, students will each write a note with the information they obtained and submit as Patient Note 2.

Chief Complaint

81-year-old with sudden, painless vision loss OS.

History of Present Illness

- Sudden black spot in the vision that spread out over the complete visual field OS over a 15-minute time frame. No pain, no diplopia, no problems in the right eye.
- Drove directly to the ER.

POHx

- No history of ocular surgeries or trauma
- Mild myopia and presbyopia

PMHx

- Coronary artery disease s/p CABG & balloon angioplasty
- Right carotid endarterectomy (1990s)
- Left carotid stenting (endovascular) recently with transient right hemiparesis (resolved).

FHx

- Father had poor vision from cataracts, died of heart disease
- Mother and brother had glaucoma

SHx: Retired school teacher, lives alone

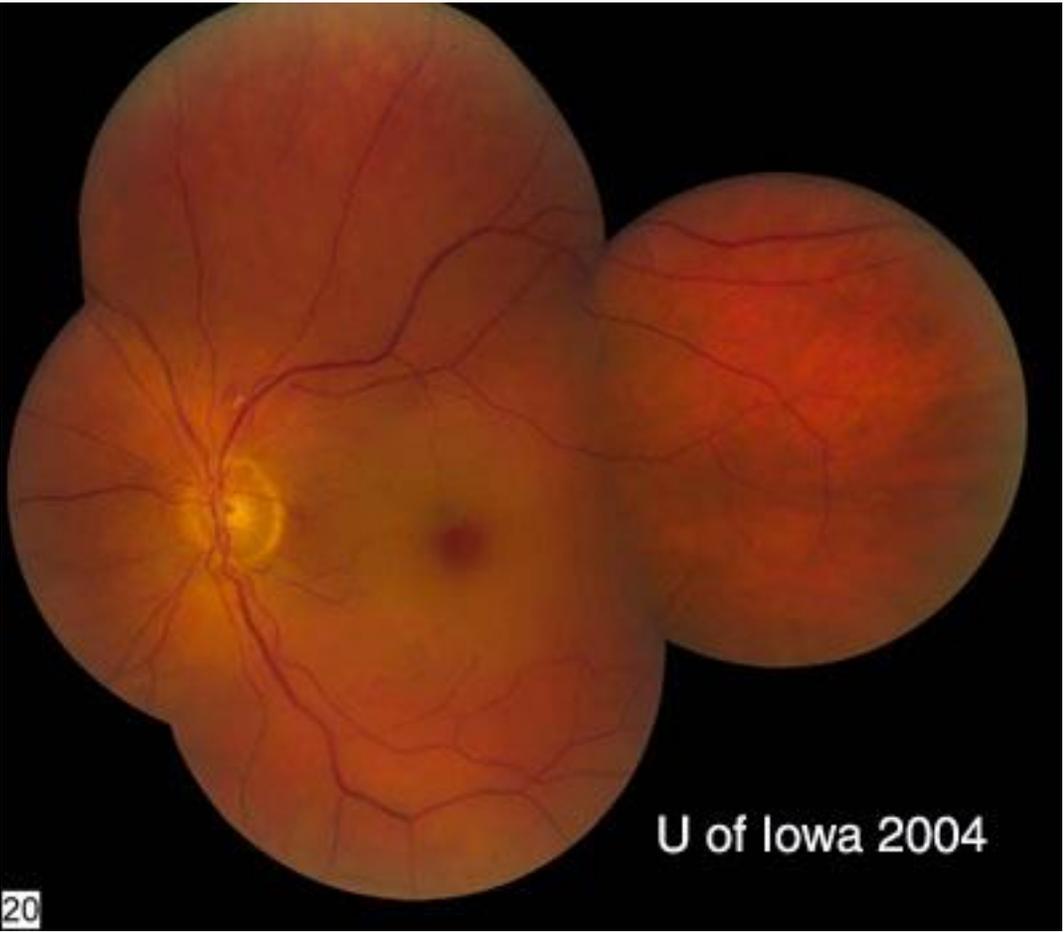
Meds: ASA, Plavix, nitroglycerine PRN and alfalfa pills

Allergies: None

ROS: denied headaches, jaw claudication, scalp tenderness, weight loss, and loss of appetite, otherwise as in HPI or negative

EXAM

- Visual acuity with glasses: 20/30 OD and HM OS.
- Confrontation visual fields: Normal OD, able to see hand motions in all four quadrants OS
- Pupils: pupils equal in light and dark, reactive, large RAPD OS
- EOM: full OU
- Hirschberg: Symmetric corneal light reflexes
- Penlight exam of anterior segment: mild nuclear sclerosis cataracts OU
- Fundus: normal OD, see photo OS (share screen with the examining student and show only the image below)



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U of Iowa 2004

Chief Complaint

34-year-old with watery, red, irritated eyes; left more than right

History of Present Illness

- 6-day history of watery, irritated eyes
- Noted that the left eye was tearing, slightly blurry, and starting to get red six days ago
- The eye gradually became increasingly red and irritated over the ensuing 2 days and the with increased crusting in the mornings.
- There is a mild "scratchy" sensation.
- Given antibiotic drops 3 days ago, but no improvement in symptoms
- Left eye continued to worsen
- 2 days ago, right eye started to get red and watery
- One week prior to any ocular symptoms, had an upper respiratory infection which had subsided spontaneously.

POHx: Former contact lens wearer (five years ago), now only wears glasses for myopia. No eye surgery or trauma

PMHx: Healthy

PSHx: Tonsillectomy in childhood

FHx: Maternal grandmother with macular degeneration (in her 80s), paternal grandfather with recent cataract surgery

SHx: Married, works as an accountant

Meds: Daily multivitamin

Allergies: None

ROS: As in HPI, otherwise negative

EXAM

- Visual acuity with glasses: 20/20 OD and 20/30 OS
- Confrontation visual fields: Normal OD and OS
- Pupils: pupils equal in light and dark, reactive, no RAPD
- EOM: full OU
- Hirschberg: Symmetric corneal light reflexes

- Penlight exam of anterior segment: Evident crusting on lashes and watery discharge, OU. The conjunctiva is injected OS>OD. There is mild swelling of the eyelids, again L>R.

- Palpable pre-auricular lymphadenopathy (LAD), L>R

(share screen with the examining student and show only the images below when asked about penlight exam or lymphadenopathy exam)

- Direct ophthalmoscopy: normal OD and OS



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**Clerkship Direct Observation Form
History Taking and Communication Skills**

Ophthalmology

Student name: _____ **Date:** _____

Evaluator name: _____ **Circle one:** Faculty Resident/Fellow Other(specify)

Skill	Unsatisfactory	Needs Improvement	Satisfactory	Not Observed
Evaluates reasons for visit in organized manner	<input type="radio"/> many disjointed unorganized questions	<input type="radio"/> most but not all questions followed logical order	<input type="radio"/> questions followed clear logical order	<input type="radio"/>
Explores symptoms in sufficient detail to generate a logical DDx	<input type="radio"/> level of detail insufficient to generate logical DDx	<input type="radio"/> level of detail allows some but not fully developed DDx	<input type="radio"/> Level of detail allows a logical well-developed DDx	<input type="radio"/>
Elicits PMH, FH and SH as applicable to the case	<input type="radio"/> did not obtain any relevant PMH, SH or FH	<input type="radio"/> addressed some but not all relevant domains	<input type="radio"/> addressed all relevant domains	<input type="radio"/>
Elicits pertinent ROS (positive, negative)	<input type="radio"/> did not obtain a ROS	<input type="radio"/> obtained ROS, omitting some important details	<input type="radio"/> obtained relevant ROS with all important details	<input type="radio"/>
Uses appropriate combination of open and closed questions	<input type="radio"/> rare use of open questions; most questions were closed	<input type="radio"/> open questions with some but not all major lines of inquiry; heavy use of closed questions	<input type="radio"/> open questions with all major lines of inquiry, followed by appropriate number of closed questions	<input type="radio"/>
Demonstrates active listening	<input type="radio"/> frequent interruption of patient; lack of facilitative skills to encourage patient to tell their story	<input type="radio"/> occasional inappropriate interruption of patient; some but inconsistent use of facilitative and guiding skills	<input type="radio"/> No inappropriate interruption of patient; consistent use of facilitative and guiding skills	<input type="radio"/>
Responds to patient's concerns with appropriate verbal and non-verbal behavior	<input type="radio"/> negative/closed body language; no eye contact; no expression of empathy	<input type="radio"/> open body language; some but inconsistent eye contact and expression of empathy	<input type="radio"/> open body language; effective eye contact and expression of empathy	<input type="radio"/>

Describe 1-2 effective skills that the student performed:

Suggest ways to help student move 1-2 skills to the next level:

Evaluator Signature: _____ **Student Signature:** _____