



History & Physical Examination ART and SKILL

Collecting the History Information

- Documentation should include:
 - Purpose of patient's visit, written as chief complaint (CC)
 - Patient's vital signs (VS)
 - Height and weight
 - Pain; documented using a scale of 1 to 10

Components of the Medical History

- Database
- Chief complaint (CC)
- History of present illness (HPI)
- Past history (PH) or past medical history (PMH)
- Gynecological History
- Usual childhood diseases
- Major illnesses
- Family History
- Surgeries
- Allergies
- Medications
- Accidents
- Immunization record

Understanding and Communicating with Patients

- To provide high-quality patient care, we must communicate effectively
- Healthcare professionals accept the responsibility of developing relationships with patients
- Be aware of self-boundaries
- Keep focus on the patient

Sensitivity to Diverse Patient Groups

- Diversity could be based on race, age, culture, religion, or physical qualities
- Practice respectful patient care
- Empathy: key to creating a caring, therapeutic environment
- Value systems begin as learned beliefs and behaviors
- Personal biases or prejudices are huge barriers to development of therapeutic relationships

Therapeutic Techniques

- Feedback is crucial
- Message can be sent via:
 - Face-to-face communication
 - Telephone
 - Email
 - Letter
- Must become effective communicator
- Play vital role in collecting and documenting patient information

Active Listening Techniques

- Restatement
 - Paraphrasing patient's statements
- Reflection
 - Repeating main idea of conversation while also identifying sender's feelings
- Clarification
 - Summarizes or simplifies the sender's thoughts and feelings; resolves any confusion

Nonverbal Communication

- More than 90% of communication is nonverbal
- Nonverbal actions:
 - Gestures
 - Facial expressions
 - Mannerisms
- Observe nonverbal communication to become aware of message being conveyed

Nonverbal Language Behaviors

- Lean toward patient to show interest
- Face patient squarely and at eye level
- Eye contact
- Be careful with body gestures
- Watch your tone of voice
- Continually observe patient's body language
- Documenting in an EMR can be distracting

Open-Ended Questions or Statements

- Asks for general information or states topic to be discussed
- Effective method of gathering more details from patient about chief complaint or health history
- Used:
 - To begin an interview
 - To introduce a new section of questions
 - Whenever person introduces a new topic

Closed Questions

- Direct, or closed, questions
- Limits the answers to one or two words
- Use closed questions when you need confirmation of specific facts

Interviewing the Patient

- Interview skills help to collect necessary information and build rapport with patient
- Consider the interview a type of contract between you and patient
- Three stages of patient interview:
 - Initiation or introduction
 - Body
 - Closing

Preparing the Appropriate Environment

- Ensure privacy
- Prevent interruptions
- Prepare comfortable surroundings
- Take judicious notes

Therapeutic Communication Techniques

- Open-ended questions and statements
- Direct or closed questions
- Active listening
- Silence e.g. remember thoughts
- Establishing guidelines
- Acknowledgment
- Restating
- Reflecting
- Summarizing

Interview Barriers

- Providing unwarranted assurance
- Giving advice
- Using medical terminology e.g. neck pain vs cervical pain
- Leading questions e.g. Social History
- Talking too much
- Defense mechanisms

Assessing the Patient

- Signs and symptoms
 - Symptoms: Subjective findings
 - Cardinal symptoms: symptoms of greatest significance
 - Signs: Objective findings
 - Can be observed or measured by provider or medical assistant

Documentation Guidelines

- Check name on record; birth date confirm identity
- Month, day, and year must precede entry
- All unusual complaints, symptoms, or reactions must be noted in detail
- Describe objective data
- If patient reports pain, record quality and intensity of pain using a pain scale of 1-10
- Document complete medication history e.g. OTC meds, vitamins, Herbal Supplements
- Record details about previous history
- Learn to be observant

Physical Examination

- The Medical Assistant's roles include:
 - Preparing the examination room
 - Assisting the patient
 - Assisting the provider

Preparing the Examination Room

- Stock with all equipment and supplies
- Check expiration dates, and discard expired materials
- Ensure the room is private, well lit, and a good temperature
- Clean and disinfect room between patients to avoid infection
- Be sure drapes, sheets, and gowns are ready to use e.g. How to use
- Arrange equipment for easy access
- Observe Standard Precautions PPE

Assisting the Provider

- Hand out equipment and supplies as needed
- Alter position of lamp and turn lights on/off as needed
- Position the drape during phases of the examination
- Collect and properly label all specimens “lost specimens”
- Perform follow-up diagnostic procedures as needed

Supplies and Instruments Needed for Examination

(Slide 1 of 2)

- Gauze
- Antiseptic wipe
- Specimen collection system
- Lubricant
- Tape measure
- Clean nonsterile gloves
- Fecal occult blood testing supplies
- Percussion hammer
- Tuning forks

Supplies and Instruments Needed for Examination

(Slide 2 of 2)

- Ophthalmoscope/Snellen Eye Chart
 - For inspection of inner eye structures
- Tongue depressor
 - Holds tongue down during throat examination
- Otoscope
 - For examination of the external auditory canal and tympanic membrane

Principles of Body Mechanics

- Used consistently in work environment
- Proper alignment begins with good posture
- When reaching for object:
 - Don't twist or turn
 - Turn feet toward object
- Don't sit with legs crossed
- Packages
- Weight/Scale

Draping the Patient

- Drape the patient to protect privacy and keep the patient warm
- Position the sheet so that it allows complete visibility for examiner to conduct examination
- Expose one portion of body at a time during examination

Methods of Examination

- Inspection
- Palpation
- Percussion
- Auscultation
- Mensuration
- Manipulation

Examination Sequence

(Slide 1 of 3)

- General appearance
 - Disorientation, gait, posture, nourishment
- Speech
 - Could reveal pathologic condition
- Skin
 - Note fingernails and toenails
- Head
- Eyes and ears
 - PERRLA
 - EOMI

Examination Sequence

(Slide 2 of 3)

- Nose and sinuses
 - Mucosa examined for color/texture
- Mouth and throat
 - Oral hygiene and dental care
- Neck
 - Examined for range of motion (ROM), lymphadenopathy, thyroid
- Chest
 - Examine heart, chest, lungs
- Abdomen
 - Relaxation of abdominal muscles
- Reflexes
 - Checked in sitting, and supine positions

Examination Sequence

(Slide 3 of 3)

- Breasts and testicles
 - Examined visually and by palpation
 - Testicular/Breast Examination
 - Self Examination Instruction
- Rectum
 - Maintain comfort and dignity
 - Examination gloves and lubricating jelly needed

The Role of the Medical Assistant

- Aid provider in examination of patient by preparing patient and necessary equipment
- Ensure patient's safety and comfort during examination

Patient Coaching

- Consider the following:
 - What information the patient needs to know e.g. Lifestyle Modification
 - How to convey the information so that the patient understands it
 - How the patient will use the information
 - Whether any community resources are available that might help
 - Whether the patient understands and will learn more about health problems or treatment protocols, Patient Education

Patient Coaching

- Medical assistant must remember to adapt teaching for patient
 - Adapt to special needs
 - Write down information for a patient with a hearing impairment
 - Use play techniques with kids



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The Professional Medical Assistant and the Healthcare Team

- *Explain the reasons professionalism is important in the medical field, describe work ethics, and stress the importance of cooperation.
- *Apply time management strategies to prioritize the medical assistant's responsibilities as a member of the healthcare team. e.g. Scheduling
- *Respond to criticism e.g. ego, self improvement, problem-solve, identify obstacles to professional behaviors, and define the principles of self-boundaries.

Responsibilities of the Medical Assistant

- Clinical skills include:
 - Assisting during Physical Exam
 - Performing patient screening procedures e.g. Visual Acuity/ Snellen Eye Chart
 - Performing ECGs, phlebotomy, first aid procedures, and infection control procedures e.g. PPE
- Administrative skills include:
 - Answering telephones Hold?
 - Managing patient scheduling
 - Documenting accurately in patient health records
 - Managing facility correspondence
 - Following legal and ethical principles

Characteristics of Professional Medical Assistants

- Professionalism
- Courtesy and respect
- Empathy and compassion
- Tact and diplomacy
- Respect for individual diversity
- Honesty, dependability, and responsibility
- Professional appearance

Scope of Practice and Standards of Care for Medical Assistants

- Scope of practice: range of responsibilities and practice guidelines that determine boundaries within a healthcare worker practices
- Medical assistants are not independent practitioners
- Medical assistants not meeting expected standard of care may be charged with professional negligence
- Standards of care: legal term that refers to whether level and quality of patient service is same as what another healthcare worker with similar training and experience in a similar situation would provide

Achieving a Credential and Continuing Education

- Being a credentialed medical assistant has certain benefits
- Important to stay current with newest medications, treatments, and diagnostic tests
- Continuing education options include:
 - Reading professional journals; reputable health websites
 - On-the-job educational conferences
 - Local, state, and national medical assistant conferences

Professionalism

- Having a courteous, conscientious, and respectful approach to all interactions and situations in workplace
- Work ethics: composed of sets of values based on hard work and diligence
- All employees must be punctual every day (early, on time, late)

Cooperation and Willingness to Help

- Each team member must be willing to cooperate and help others on team e.g. Busy person
- Give Help, Get Help
- Through cooperation, team is more productive
 - Team members have greater satisfaction
 - Great sense of communication and understanding as a team
 - Patients are cared for
 - Great customer service is provided

Prioritizing and Time Management Skills

- Methods that maximize personal efficiencies and prioritize tasks
- Take 10 minutes to write down the tasks for the day; keep it manageable
- Use code system to prioritize task:
 - M: *must* be done that day
 - S: *should* be done that day
 - C: *could* be done if time permits

Responding to Criticism

- We learn from others' feedback on our performance
- Need to realize value of feedback
- Becoming defensive or blaming others is not professional
- Be Positive
- Learning and Growing

Barriers to Professionalism

- Attitude e.g. joy
- Procrastination
- Personal problems and “baggage”
- Gossip e.g. telephone
- Personal communication
- Dating co-workers

Self-Boundaries

- Important to develop a solid professional relationship with patients
- Establish realistic self-boundaries
- Protect relationship, Build Trust
- Respect

First Impressions

- Physical dress and appearance
- Have a positive attitude
- Show compassion
- Always smile
- Communicate effectively
- Be Kind

Diversity and Communication

- Types of diversity
 - Nationality
 - Race
 - Culture
 - Ethnicity
 - Social factors
- Individual diversity factors
 - Language
 - Age
 - Religion
 - Economic status
 - Gender
 - Appearance

Nonverbal Communication

- Body language
- Gestures
- Mannerisms
- Appearance
- Self-esteem and confidence
- Facial expressions

Written Communication

- Includes:
 - Written messages (e.g., phone messages)
 - Letters and emails
 - Online information and media (e.g., informational flyer)
 - Messages, Contact numbers, updating each visit

Therapeutic Communication

- Active listening
 - Most important therapeutic communication technique
 - Fully concentrate on what is being said and how it is being said
 - Show interest verbally and nonverbally
- Open and closed questions/statements
 - Open: asks for general information; encourages patients to respond in a manner in which they find comfortable
 - Closed: asks for specific information; limits patient's answer to one or two words

Anger

- Crucial to know how to handle and diffuse the situation
- Important to make sure the person feels heard
- Demonstrate empathy
- Use active listening
- Follow policies for dealing with angry individuals e.g.

Communication Barriers

- Environmental distractions
- Internal distractions
- Visually impaired
- Hearing impaired
- Intellectual disability
- Illiterate
- Non-English speaking
- Emotional distractions

Kubler-Ross's Stages of Grief and Dying

- Understand Kübler-Ross's Stages of Grief and Dying
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance

Personal Boundaries with Verbal Communication

- Remember that certain topics are inappropriate in an office/work setting
- Retain a professional relationship with patients
- Do not discuss religion, politics, or relationships
- Do not gossip with the patient, befriend them on social media, share personal issues, or engage in a flirty or romantic conversation

Coping Mechanisms

- Stress: a condition that causes physical and/or emotional tension
- Two types:
 - Adaptive (healthy)
 - Exercising, eating healthy, talking with others
 - Maladaptive
 - Hostility, aggression, denial, drugs

If it looks like a duck



