



КАЗАХСТАНСКО-РОССИЙСКИЙ
МЕДИЦИНСКИЙ УНИВЕРСИТЕТ

Examination of the patient.

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Introduction.

It is said that over 80% of diagnoses are made on history alone, a further 510% on examination and the remainder on investigation. [1] Whether this adage is true or not may be open to debate but it is clear that history and examination skills remain at the very core of clinical practice. This record will aim to provide you with some helpful tips; your patients will teach you the rest.

Communication skills

Remember that these are non-verbal as well as verbal.^[3] Your manner, your physical position with regards to the patient's (this may not be within your control), and your body language all contribute to the outcome of the consultation. Be relaxed and smile to radiate confidence. If they have had to wait a long time, a comment addressing this with an apology at the outset is often appreciated; it will give you a much better start and shows respect for their individuality.

Avoid writing whilst the patient is talking to you; if they are saying a lot of relevant things - or there is importance in the temporal order of the narrative - and you need to jot them down, mention it to the patient so that they understand that you are still listening to them - "I'll just

Extracting the information

Patients vary greatly in how they present.^[4] Many will be anxious. This may manifest itself in a number of ways:

The quiet patient from whom only monosyllabic answers can be extracted by direct questioning.

The apparently over-confident patient who addresses (or adds to) their anxiety by turning up with an armful of internet printouts, concerned that they have been fatally afflicted by Von Noodles' disease.

The angry patient whose wait for the appointment or in the waiting room has given them time to mull over the worst.

The returning patient who needs endless reassurance.

We are encouraged to ask open questions and avoid leading questions.

Examination

There is no real dividing line between history and examination. During the course of the history, you will gather a wealth of information on the patient's education and social background, and to a lesser extent, there will be physical signs to pick up. Examination needs to be as focused as history. Try to learn and apply good technique. Quite simply, good technique is more likely to give a correct result than poor technique. The yield from examining systems that are not obviously relevant is too low to justify in such limited time.

The first part of any examination is to observe. Learn to observe. Look before you lay unhands. Examination of the cardiovascular or respiratory system does not start with the stethoscope. You may get valuable information from the fancies, skin coloration, gait, handshake and personal hygiene (reflective of physical, psychological and social background). Note the red eye, the freckles on the lips of Peutz-Jeghers syndrome or the white forelock of Waardenberg's syndrome. A number of endocrine disorders may be immediately apparent.

The doctor should have a protocol for each system. Many forms of examination have their own article covering appropriate topics listed below.

Test

Thank you for your attention!