

CLINICAL SIMULATION
Clinical Education & Assessment Center
Standardized Patient Lab



SCHOOL OF
OSTEOPATHIC
MEDICINE

University of Medicine & Dentistry of New Jersey

MIA HOUSTON

CASE DIGEST

| CASE NAME | | |
|--|--|---|
| Mia Houston | | |
| TRAINEE GROUP | | |
| ACCNP Candidates – School of Nursing | | |
| DEPARTMENT | | |
| School of Nursing – ACCNP program | | |
| DERIVATION | | |
| Created | 2012 | Amita Avadhani, DNP, ACNP-C, APN, UMDNJ School of Nursing - Acute Critical Care Nurse Practitioner Program Sima C. Bennett, MPH, RD , CEAC |
| CONTENT/CONCEPTS/FOCUS | | |
| Purpose | <ul style="list-style-type: none"> To challenge the students with presentation of fatigue associated with anemia. | |
| Planned Outcomes | Student will: <ul style="list-style-type: none"> Take a history and perform a focused physical examination relating to the patient’s chief complaint of fatigue. Design an appropriate diagnostic approach to pursue the patient’s situation. Counsel and interact with the patient in accordance with the plan of care and differential diagnosis. Document the encounter in SOAP format. | |
| Clinical Content | <ul style="list-style-type: none"> Fatigue Anemia | |
| Tasks/ Skills | <ul style="list-style-type: none"> H&P Ordering blood work | |
| SUPPORTIVE OR RELATED MATERIALS OR REFERENCES | | |
| <ul style="list-style-type: none"> | | |

STAGING

| SCENARIO | | | |
|--|---|--|--|
| Mia Houston is a young woman who presents with fatigue found to be associated with anemia. | | | |
| SP RECRUITING: PATIENT ROLE | | | |
| Profile | Ideal | Qualifiers | Disqualifiers |
| | 23 y.o. female | <ul style="list-style-type: none"> Female Appearing under age 30 | <ul style="list-style-type: none"> Male Appearing out of age range |
| Physical Contact/Demands | OMM/OMT | Physical Exam | Communication only |
| | | x | |
| Tasks | Present patient history and physical state as instructed. | | |
| SPECIAL EQUIPMENT/PROPS/STAGING | | | |
| Setting/Room | Ambulatory clinic | | |
| Equipment | Standard diagnostic wall equipment | | |
| Special Supplies or Props (non-paper) | (none) | | |
| SP Clothing / Makeup | gown | | |
| Paperwork | In advance | ACCP 5107 Learner Instructions Humanistic Domain – A Guideline for Students Recommended Attire for Clinical Encounters | |
| | Orientation Room | Personal schedule | |
| | At door | Mia Houston Chart | |
| | In Exam Room (as prop) | (none) | |
| | Trainee/ Interstation | Mia Houston SOAP form | |

| | | | | |
|---------------------------------|--|--|-----------------------|--------------------|
| | SP | Mia Houston Provider Relations Checklist | | |
| | Evaluators | Mia Houston Performance Checklist | | |
| Recording | Individual recording of each student | | | |
| After Program Processing | <ul style="list-style-type: none"> • SP Feedback Checklist scanned and emailed to course directors. No data processing. • Videos released to course directors. | | | |
| TIMELINE | | | | |
| | Session Orientation | Encounter | Interstation Activity | Next / Post |
| Time (min) | 15 min | 30 minutes | 15 min | (single encounter) |
| FEEDBACK PLAN | | | | |
| CEAC/SPL | (none) | | | |
| Originating Department | Faculty provided. | | | |

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STANDARDIZED PATIENT SIMULATION GUIDELINES

Mia Houston

1. CASE OVERVIEW

- You are a young woman with recent onset of fatigue severe enough to keep you home from work.

2. ENCOUNTER SETTING

- Ambulatory clinic with a contract to provide employee health services to your employer.

3. SP RELATIONSHIPS

- All participants in this encounter are strangers to one another.

4. WHAT GOES ON IN THIS ENCOUNTER

- The trainees are nurses enrolled in an advanced practice nursing program in acute and critical care, which will allow them to function as physician assistants or independent providers, depending on their practice environment. For this encounter, they are expected to function in the same manner as physicians.
- A chart is provided to the trainee before the encounter, which contains information about your health history and chief complaint.
- Based on information contained in the chart, the trainee will take a medical history and perform a physical examination to assess your complaint of debilitating fatigue. You are to answer the questions and present the symptoms as described in this document. The trainee may conclude the encounter by counseling you with respect to next steps of care.
- At the conclusion of the encounter, after the trainee's departure, you are asked to complete an assessment of the trainee's interpersonal and communication skills.

5. PATIENT CHARACTER PRESENTATION: TOBY LEAR

| | | |
|---------------------|--|--|
| Age Range | Your own actual age | |
| Presentation | Body Language/ Symptom Presentation | <ul style="list-style-type: none"> Tired – can't even sit up straight, slumped in chair with head against wall. |

| | | |
|--------------------------|---|---|
| | Affect | <ul style="list-style-type: none"> • Straightforward, cooperative • Quiet – due to feeling so poorly – no “oomph” |
| | Appearance/ Costuming | <ul style="list-style-type: none"> • Gown • No make-up or very little – too tired to have applied much • Hair – pulled back, not styled. |
| Starting Position | Sitting in the chair, slumped, with head back against the wall. Eyes closed | |

6. Mia Houston’s Story

- **Chief complaint:** *I’m so tired. It’s gotten to the point where I can barely move around without having to rest.*
- While you can’t remember exactly when it all started, you notice that you’ve been tired lately; you don’t have the get-up-and-go you usually have.
 - Normally, on Friday nights, you hang out with friends at the neighborhood bar. You didn’t feel up to it this past Friday and stayed in and went to bed early instead.
 - On Saturdays, you usually try to tidy your apartment, but you didn’t have the energy for that. You took a nap instead.
 - Three days ago, you couldn’t even stand in the morning when you tried to brush your teeth. You had to prop yourself on the window sill to finish and then sit down and rest for about 5 minutes afterwards. You called in sick. You missed the last two days of work in addition.
 - When you called in sick this morning (Day 3), your manager told you to be seen by Employee Health (the ambulatory clinic with a contract with your employer).
- Other than the fatigue, you have no other symptoms:
 - No fever or chills. No achiness. No loss of appetite. No diarrhea, constipation or abdominal pain. No indigestion, vomiting, rectal bleeding or blood in the urine.
 - No breathing problems, although you had asthma as a child. You occasionally used an inhaler until around age 12, but not since, and you haven’t had any symptoms since then.
 - However, you do notice that you get very winded and tired after climbing the stairs. Your apartment is a walk-up at the top of a steep, long flight of steps. This had not been a problem before now, but within the last week you can barely make it up the steps. Usually you have to stop and rest at least once – actually sit down on a step till you get your strength back. Aside from being breathless, you feel like you can barely coax your limbs to climb..
- You are not sexually active at the moment and have only had one sexual partner – an old boyfriend from high school with whom you’ve had no contact for several years. You are not using any contraceptives now and had only used a condom back then.
- Your menstrual periods are pretty normal and regular. However, there is definitely an increase in flow of late. Your last period started 8 days ago and stopped yesterday and was particularly heavy. You had to run to the bathroom every hour for the first few days. It’s been like that for the last few periods – maybe 4 – but this last period was the worst. You’ve never been to a gynecologist (no mother figure in your life; single father).
- You drink alcohol when you are out with friends and everyone else is drinking. You’ve only ever tried beer and usually limit yourself to two or three. You don’t really like the taste but prefer it to the feeling of being left out while everyone else is drinking.

Draw timeline here for sick days, period start days
S-M-T-W-Th-F-Sa-S-M-T-W-Th-F-Sa-Su

- You smoke 1 pack per day of cigarettes – started your senior year of high school. Again, this was more to be one of the crowd than because of your enjoyment of smoking. You don't like the fact that you smoke, but you are hooked. You wish you could stop it because it's so expensive.
- You've never used street drugs. You take no medications. You have no allergies that you know of.
- You were last seen by "your" doctor when you last went to the pediatrician at age 18 during your senior year of high school. You've never been to an "adult" doctor. You were last seen by any health care provider when you went for your pre-employment physical about 3 years ago.
- You work for Progresso Quality Foods Company (Progresso soups) at their Vineland plant as one of their production line workers. You had really wanted to go to Beauty School, but you don't have enough money and are trying to save up. You were lucky to get this job from a lead provided by your friends' aunt.
- You are not on great terms with your single father; your mother left the family years ago, and you have no contact with her. You live alone in a rented studio apartment near work.
- You live alone in a studio apartment not far from work (to which you take public transportation). You are on a tight budget, which has been hard for you. Your lifestyle and money handling is very much day-to-day and hand to mouth, but this is more related to ignorance and immaturity than financial hardship. Your factory job is stable and you make a decent wage and have health insurance. You don't really know how to cook, and try to get whatever food you can on the cheap. You buy a lot of food at convenience stores – one serving at a time -- and you get some items discounted and for free at the company store. You've never been very industrious when it comes to food preparation and would prefer to skip lunch or eat something from a vending machine rather than go to the trouble of packing lunch. Buying a full lunch is simply too expensive. You eat few fruits and vegetables – maybe a canned fruit cocktail once a week and some carrot sticks and a whole lot of soup (from work) which sometimes constitutes your entire meal.. You eat a lot of yogurt, and you love soft pretzels.

7. SAMPLE DIALOGUE

| TRAINEE | PATIENT |
|--|--|
| WHAT BRINGS YOU IN TODAY? | <i>I'm so tired. It's gotten to the point where I can barely move around without having to rest.</i> |
| WHEN DID THIS START? HOW LONG HAVE YOU BEEN FEELING THIS WAY? WHAT'S BEEN THE PROGRESSION? | <i>It's been going on for a while and has been progressively getting worse but really bad for a couple of weeks</i> |
| DESCRIBE WHAT'S GOING ON. | <i>I'm so tired. I have no energy. It's gotten to the point that I can't even stand long enough to brush my teeth. I have to sit down on the toilet. And then I have to rest afterwards.</i> |
| HOW HAS THIS IMPACTED YOUR LIFE? | <i>I can't do anything. All I want to do is rest – actually sleep. I'd love to take a nap now! I haven't been to work in 3 days.</i> |
| DOES ANYTHING MAKE IT BETTER? | <i>Resting used to make me feel a little better. But, now, I don't feel rested after I've rested.</i> |
| DOES ANYTHING MAKE IT WORSE? | <i>Trying to live normally.</i> |
| IS THERE ANYTHING ELSE GOING ON WITH YOU THAT YOU THINK MAY BE RELATED? | <i>Like what...?</i> |

| | | |
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| HAVE YOU BEEN SICK RECENTLY? HAVE YOU HAD ANY FEVER, CHILLS WEIGHT LOSS, CHANGE IN BOWEL HABITS, CHANGE IN APPETITE? | <i>No, nothing like that. I don't remember being sick. I'm just exhausted now.</i> | |
| DO YOU SLEEP WELL? HOW LONG DO YOU SLEEP? | <i>I don't know if I sleep well, but it's all I want to do. I don't feel rested, if that's what you mean.</i> | |
| DO YOU HAVE ANY DIFFICULTY BREATHING? DO YOU SNORE? DO YOU EVER STOP BREATHING WHILE YOU ARE SLEEPING? | <i>I don't have any snoring or breathing problems during sleep that I know of, but I get short of breath on minimal exertion</i> | |
| DO YOU HAVE TROUBLE CONCENTRATING? DO YOU FEEL DEPRESSED OR ANXIOUS? | <i>I don't know. I can't do anything now because all I think about is sleeping. I'm upset about how I feel, but I don't think I have any kind of mental health illness or anything.</i> | |
| TELL ME ABOUT YOUR MENSTRUAL CYCLE. ARE YOUR PERIODS REGULAR? ARE THEY LIGHT? HEAVY? WHEN WAS YOUR LAST PERIOD? ARE YOU USING ANY KIND OF BIRTH CONTROL? WHAT KIND? | <i>My periods are pretty regular. They have always been heavy. They've been particularly heavy lately. Like, actually, REALLY heavy. This last period – I was in the bathroom very hour! My last period ended yesterday. I'm not with anyone now, so no birth control.</i> | Do not volunteer this information. Wait for trainee to question you. |
| DO YOU HAVE ANY INDIGESTION? NAUSEA? VOMITING? DO YOU GET ANY STOMACH ACHES? DO YOU EVER FEEL ANY BURNING IN YOUR STOMACH? | <i>No, everything stays down. Nothing hurts.</i> | |
| TELL ME ABOUT YOUR DIET. DO YOU COOK FOR YOURSELF? DO YOU EAT FRUITS? VEGETABLES? WHERE DO YOU BUY YOUR FOOD? HOW MANY MEALS A DAY ARE YOU EATING? | <i>I'm not a big eater. I don't cook a whole lot. I'm kind of lazy that way. I grab something here and there. I don't eat that much fruit – some fruit cocktail occasionally. Vegetables? Like maybe lettuce on a hoagie sometimes. Well, Wawa is across the street from me, so I go there a lot. It's kind of convenient. I don't have a car to drive to a market. (Provide additional details only as asked.)</i> | This is pivotal information. Make the students ask you specific questions to get answers. Do not give this information away. |
| DO YOU SMOKE? HOW MUCH? HOW LONG HAVE YOU BEEN SMOKING? HAVE YOU EVER CONSIDERED QUITTING? | <i>Yeah, 1 pack per day. I started when I was 18. I'd love to quit. I was stupid to get started. Unfortunately, I'm hooked now.</i> | |

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| DO YOU DRINK ALCOHOL? | <i>A couple of beer with friends. I don't usually get drunk or anything.</i> |
| ARE YOU EMPLOYED? WHAT KIND OF WORK DO YOU DO? | <i>I work in a factory. You know Progresso Soups? I work in production.</i> |
| DO YOU TAKE ANY MEDICATIONS | <i>No</i> |
| DO YOU HAVE ANY MEDICAL CONDITIONS? | <i>I was treated for asthma when I was little.</i> |
| DO YOU HAVE ANY ALLERGIES? | <i>I don't think so.</i> |
| HAVE YOU HAD ANY SURGERIES? | <i>No</i> |
| HAVE YOU EVER BEEN HOSPITALIZED? | <i>No</i> |
| DOES ANY HEALTH CONDITION RUN IN YOUR FAMILY? | <i>Not that I know of.</i> |
| ARE YOU TAKING ANY MEDICATIONS – PRESCRIPTION? OVER-THE-COUNTER? VITAMINS? SUPPLEMENTS? | <i>I don't take anything.</i> |

9. PHYSICAL EXAMINATION

Expect a head to toe general physical exam focusing on the skin, eyes, abdomen and extremities. Allow your body to respond naturally.

10. CLOSING THE ENCOUNTER

- Expect the trainee to give you a brief summary of his findings and make some recommendations for next steps in your care.
- The patient is expected to have anemia (related to blood loss from heavy menses and poor nutrition) at the top of his list of what ails you. If this diagnosis – or some other diagnosis – is made, express concern both about how this came about and what you need to do get better. Keep your comments natural and very brief. Do not correct the trainee or ask about anemia if he comes up with a different diagnosis. Just go along with whatever is declared as your problem.
Oh, wow! Oh my gosh! Now what I do?
- Trainees should ask you if you have any additional questions. Answer “No.”
- Trainees are expected to order lab work on you and should discuss with you what is being ordered. Agree to go get the lab work done. You have good insurance through your employer, and you do want to get better. If trainee does not explain what he is ordering to you, you need not ask. Just accept the order and agree to get it done.
- Trainees are expected to counsel you on some lifestyle issues – especially diet, and they may mention smoking. Agree to try whatever is offered even if you do not understand the trainee’s instructions and would not be able to precisely follow them in real life. Trainees are not being evaluated on the quality of their instruction in this encounter.

8. WHAT TO DO WHEN THE TRAINEE/TRAINEE LEAVES THE ROOM

- Complete the Mia Houston SP Feedback form. Retain forms in your folder until the end of the program.
- Assume your starting position

10. CONDUCT EXPECTATIONS FOR STANDARDIZED PATIENTS

- In order to preserve the authenticity of all encounters, please refrain from all conversations and interactions with trainees while in the suite and anywhere on campus while out of character, unless specifically dictated by our programming.
 - While you are in the CEAC, please maintain as much physical distance between yourself and trainees as possible while you are out of character. This may include avoidance of common areas and spaces where trainees gather.
 - At the conclusion of your assignment, please refrain from assembling in the reception area. Kindly wait in the Break Room.
- While trainees are moving about between exam and feedback rooms, kindly enter and exit your assigned exam room exclusively through the exterior hallways (C & D), as trainees will be circulating in the Viewing Gallery.
- Use of cell phones by SPs to carry on telephone conversations while in the exam rooms – whether on duty or on break – is expressly forbidden. Telephones must be off or silenced; vibrate mode is not acceptable. Telephones may be used in the exam rooms for text messaging by SPs on break but not between students while on duty. Violation of these rules may result in dismissal from our program and are not negotiable. Any SP expecting an important telephone call while on duty is welcome to leave his/her telephone with CEAC staff and, depending on the nature of the incoming call, will be notified at the first available opportunity at the discretion of CEAC Management.

11. STANDARDIZED PATIENT SAFETY

- Fire exit signs are posted at the ends of Hallways C and D. Please familiarize yourself with them before the encounter. In the event that the fire alarm sounds, immediately break character and exit the suite through the nearest fire exit.
- In the event that you experience a true medical emergency while you are in character and are able to express your needs, please inform the trainee or a staff member that you are out of character and in distress. It is important that you clearly announce to the trainee that you are out of character, as trainees may initially assume that your distress call is part of the simulation. Emergency services will be obtained for you ASAP.
- In the event that a trainee causes you discomfort, distress or pain, you may come out of character at your discretion or choose to wait until the end of the encounter. Please notify CEAC staff as soon as possible so that your needs can be addressed.

12. SUPPLEMENTAL INFORMATION

(none)



YOU ARE AN ACCNP AT AN AMBULATORY CLINIC CONTRACTED TO PROVIDE SERVICES TO THE PATIENT'S EMPLOYER.

TAKE A THOROUGH HISTORY FROM AND PERFORM A THOROUGH PHYSICAL EXAM ON THIS PATIENT. SHARE YOUR DIAGNOSTIC IMPRESSIONS WITH AND COUNSEL THE PATIENT ON APPROPRIATE NEXT STEPS OF CARE.

In your documentation, you'll be expected to present a plan for diagnostic work-up.

Time Limit: 30 minutes for encounter; 15 minutes for documentation

PATIENT: MIA HOUSTON

OFFICE STAFF 23 y.o. female complains of fatigue.

NOTES:

TEMP 98.6°
BP 95/55 mm Hg
PO₂ 92% on room air
RR 16
PULSE 108
HT 5'2"
WT 120 LBS

Faculty Observation and Narrative

History

Score the student's history taking performance as follows:

- Click on More to get additional information on the item.
- For items with radio buttons (circular fill-ins), select the best answer.
- For items with checkboxes (square fill-ins) , select all options that apply.
- Click on Comment to add a comment about the student's handling of the particular item.

29. Onset/duration of symptoms/symptom timeline

- Asks
 Omits
 SP gives away

30. Prior experience with symptoms

- Asks
 Omits
 SP gives away

31. Tolerance to exertion/activity.

- Asks
 Omits
 SP gives away

32. Mitigating factors -- aggravating and alleviating

- Asks
 Omits
 SP gives away

33. Sleep

Notes: Check all that apply.

- Sleep hygiene -- any habits, environmental factors, practices that may influence the length and quality of Mia's sleep.
 Snoring or breathing problems associated with sleep.
 Omits
 SP gives away part or all

34. Medical history relating to

Notes: Check all that apply.

- Thyroid disease
 Blood or bleeding disorders.
 Omits
 SP gives away part or all.

35. Family hx relating to...

Notes: Check all that apply.

- Blood/bleeding disorders
 Thyroid disease
 Omits
 SP gives away part or all

36. Symptoms related to thyroid disease.

Notes: Check all that apply.

- Changes in hair and/or skin
 Joint pain
 Swelling/puffiness around the eyes.
 Omits
 SP gives away part or all

37. Emotional problems/stress/depression.

- Asks
 Omits
 SP gives away

38. Diet, specifically relating to

Notes: Check all that apply

- Quality of food intake -- whether food choices seem nutritionally sufficient.
 Food security -- whether patient has the resources for enough food.
 Omits
 SP gives away part or all

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| 39. Changes in weight. | <input type="checkbox"/> Asks |
| | <input type="checkbox"/> Omits |
| | <input type="checkbox"/> SP gives away |
| 40. Appetite relating to food and drink. <i>Notes:</i> Check all that apply. | <input type="checkbox"/> Changes in appetite for food |
| | <input type="checkbox"/> Increased thirst |
| | <input type="checkbox"/> Omits |
| 41. GI history <i>Notes:</i> Check all that apply. | <input type="checkbox"/> SP gives away part or all |
| | <input type="checkbox"/> Abdominal pain/distress/heartburn/bloating/belching |
| | <input type="checkbox"/> Nausea/vomiting |
| | <input type="checkbox"/> Presence of blood in vomitus or stool (or) dark stools |
| | <input type="checkbox"/> Change in bowel habits |
| 42. Urinary history. <i>Notes:</i> Check all that apply. | <input type="checkbox"/> Omits |
| | <input type="checkbox"/> SP gives away part or all |
| | <input type="checkbox"/> Polyuria |
| | <input type="checkbox"/> Pain or burning w/ urination |
| 43. Menstrual periods <i>Notes:</i> Check all that apply | <input type="checkbox"/> Omits |
| | <input type="checkbox"/> SP gives away part or all |
| | <input type="checkbox"/> Heaviness/quantity of menstrual flow. |
| | <input type="checkbox"/> Duration of menstrual periods. |
| | <input type="checkbox"/> Recent changes in menstrual flow. |
| | <input type="checkbox"/> Interval/regularity of menstrual periods. |
| 44. Last GYN checkup | <input type="checkbox"/> Date of last menstrual period (or) when last period ended. |
| | <input type="checkbox"/> Omits |
| | <input type="checkbox"/> SP gives away part or all |
| | <input type="checkbox"/> Asks |
| | <input type="checkbox"/> Omits |
| 45. Medication/supplement use <i>Notes:</i> Check all that apply. | <input type="checkbox"/> SP gives away |
| | <input type="checkbox"/> NSAIDs |
| | <input type="checkbox"/> Supplements -- vitamin or herbal |
| | <input type="checkbox"/> Omits |
| 46. Substance use <i>Notes:</i> Check all that apply. | <input type="checkbox"/> SP gives away part or all |
| | <input type="checkbox"/> Street drugs |
| | <input type="checkbox"/> Alcohol |
| | <input type="checkbox"/> Omits |
| 47. Socio-economic situation <i>Notes:</i> Check all that apply. | <input type="checkbox"/> SP gives away part or all |
| | <input type="checkbox"/> Occupation |
| | <input type="checkbox"/> Living conditions/home situation |
| | <input type="checkbox"/> Omits |
| 48. Sexual history <i>Notes:</i> Check all that apply. | <input type="checkbox"/> SP gives away part or all |
| | <input type="checkbox"/> Present sexual activity. |
| | <input type="checkbox"/> History of sexually transmitted disease. |
| | <input type="checkbox"/> Omits |

Physical Exam

Score the student's performance of physical exam skills as follows:

- Click on More to get additional information on the item.
- Be sure to click on the scoring aids that immediately follow many of the items for guidelines on how to score.
- For each item, you are asked to judge the correctness of the student's technique.
- Click on Comment to add a comment about the student's handling of the particular item.

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| <p>49. Examines sclera and conjunctivae.</p> <p><i>Notes:</i> --> Pulls lower eyelid downward.</p> | <p>() Correct Technique</p> | <p>() Attempted but missing critical elements for correctness.</p> | <p>() Not attempted or technique so poor that attempt is void.</p> |
| <p>Scoring aid: Sclera and conjunctivae</p> | | | |
| <p>50. Inspects the oral cavity.</p> <p><i>Notes:</i> Oral cavity inspected using illuminator. Patient directed to open mouth to allow visualization of throat . (Tongue blade used or patient asked to say "Ahh.")</p> <p>Please comment if student's technique is incorrect.</p> | <p>() Correct Technique</p> | <p>() Attempted but missing critical elements for correctness.</p> | <p>() Not attempted or technique so poor that attempt is void.</p> |
| <p>51. Palpates the thyroid and the lymph glands of the neck.</p> <p><i>Notes:</i> All positions required for full credit. -->Submental --> Lateral -->Supraclavicular -->Thyroid: patient asked to swallow while thyroid is palpated.</p> <p>SP response is neutral.</p> | <p>() Correct Technique</p> | <p>() Attempted but missing critical elements for correctness.</p> | <p>() Not attempted or technique so poor that attempt is void.</p> |
| <p>SCORING AID: Lymph nodes and thyroid</p> | | <p>Lymph Nodes & thyroid.bmp</p> | |
| <p>52. Auscultates the heart.</p> <p><i>Notes:</i> --> Patient sitting, supine or in left lateral decubitus position -- only one of these positions is necessary. --> Student must use all 4 of these auscultation points: aortic, pulmonic, tricuspid, mitral</p> | <p>() Correct Technique</p> | <p>() Attempted but missing critical elements for correctness.</p> | <p>() Not attempted or technique so poor that attempt is void.</p> |
| <p>SCORING AID: Auscultates heart.</p> | | | |
| <p>53. Auscultates lungs.</p> <p><i>Notes:</i> ALL criteria must be met for full credit. --> Patient instructed to breathe in and out through mouth with examinee listening to both inspiration and expiration at each position for both anterior and posterior auscultation. Posterior Auscultation: --> Patient in sitting position --> Proceeds from top to bottom or bottom to top, in an orderly fashion --> Proceeds from side to side, one side being compared to the other. --> At least 3 corresponding positions on either side of midline– total of 6 positions Anterior Auscultation (may be done when examinee focuses on anterior chest) --> Patient in sitting position or supine. --> Proceeds from side to side, one side being compared to the other. --> Anterior chest at least 3 corresponding positions</p> <p>SP response is neutral.</p> | <p>() Correct Technique</p> | <p>() Attempted but missing critical elements for correctness.</p> | <p>() Not attempted or technique so poor that attempt is void.</p> |
| <p>SCORING AID: Auscultates chest</p> | | <p>Auscultates chest.bmp</p> | |

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| <p>54. Performs abdominal exam, which includes essential elements (see More).</p> <p><i>Notes:</i> --> Auscultates at least one quadrant. --> Percusses spleen --> Palpates liver and spleen. --> Follows correct order: auscultation, percussion, palpation.</p> | <input type="checkbox"/> Correct Technique | <input type="checkbox"/> Attempted but missing critical elements for correctness. | <input type="checkbox"/> Not attempted or technique so poor that attempt is void. |
| SCORING AID: Abdominal exam | | | |
| <p>55. Evaluates muscle strength of upper and lower extremities.</p> <p><i>Notes:</i> Various techniques are acceptable as long as these criteria are met: --> Both upper and lower extremities tested --> Testing is bilateral, comparing one side against the other --> Resistance (which can be gravity) is used See scoring aids</p> | <input type="checkbox"/> Correct technique used for both upper and lower extremities | <input type="checkbox"/> Attempted but missing critical elements -- incorrect technique, insufficient regions | <input type="checkbox"/> Not attempted or technique so poor that attempt is void, including not bilateral, no resistance |
| SCORING AID: Strength of lower extremities -- Option 1 | <p style="text-align: center;">Squat LE eval.bmp</p> <p style="text-align: center;">Stand in front of the pt -- have pt squat, with knees & hips fully flexed -- assist with balance by holding pt's hands -- Observe while pt rises to standing position.</p> | | |
| SCORING AID: Strength of lower extremities -- Option 2 | <p style="text-align: center;">Mason LE eval.bmp</p> <p style="text-align: center;">Hip flexion (knee lift against resistance) --- knee flexion & extension against resistance --- ankle extension & dorsiflexion against resistance</p> | | |
| SCORING AID: Strength of upper extremities -- Option 1 | <p style="text-align: center;">UE strength eval Swarz.bmp</p> <p style="text-align: center;">Pt asked to grasp examiner's index & middle fingers in each hand. Pt instructed to resist upward/downward/lateral/medial movement by examiner.</p> | | |
| Strength of upper extremities -- Option 2 | <p style="text-align: center;">Forearm flexion & extension against resistance --- wrist extension against resistance -- finger abduction against resistance</p> | | |
| <p>56. Checks deep tendon reflexes REVISE LANGUAGE</p> | <input type="checkbox"/> Correct Technique | <input type="checkbox"/> Attempted but missing critical elements for correctness. | <input type="checkbox"/> Not attempted or technique so poor that attempt is void. |
| <p>57. Palpates lower extremity for edema CHECK LANGUAGE</p> | <input type="checkbox"/> Correct Technique | <input type="checkbox"/> Incorrect or incomplete technique or did not question pt | <input type="checkbox"/> Not attempted or technique so poor that attempt is void. |
| <p>58. All techniques done on bare skin.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

FON Comment

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| 59. Comments about this encounter: | |
|------------------------------------|--|

S-O-A-P (S-O-A-P)

Mark off each item if it appears in the student's patient note.

At the end, feel free to comment on accuracy, structure and synthesis of data.

1. Subjective

- Chronology/onset: Fatigue x ~2 weeks [1]
- Description/intensity of sx: "Requires rest while doing simple chores like brushing teeth" (or) "Decreasing tolerance to minimal exertion" [1]
- Comment on sleep: - (negative/denies) sleep disturbance/inadequate sleep [1]
- Comment on mental status: - (negative/denies) depression [1]
- Comment on appetite/food intake: - (negative) change in appetite/food intake [1]
- Comment on questionable quality of diet: "Food obtained from convenience store" [1]
- (negative/denies) Weight loss [1]
- + (positive) Recent increase in menstrual bleeding [1]
- (negative) NSAIDS [1]
- Occupation: factory line worker [1]
- Comment on medical care: Has never seen GYN [1]

2. Objective

We assume SPs to be healthy & w/o abnormal findings and that, other than feigned pain or dysfunction, all findings will be WNL. Nevertheless, students should document what they find. (?) INDICATES that there should be a comment on the particular parameter. Other than vitals, DO NOT GIVE

- Vitals: Temp, BP, O2 saturation & pulse recorded [1]
- Date of last menstrual period recorded [1]
- HEENT: (?) conjunctival pallor [0.5]
- HEENT: (?) oropharyngeal lesions [0.5]
- Neck: Thyroid: (?) Thyromegaly/enlargement, (?) masses, (?) nodules

POINTS for findings documented that student did not personally detect.

[0.5]

- Neck: (?) lymphadenopathy [0.5]
- Cardiovascular: (?) rate and rhythm; (?) primary heart sounds/extra heart sounds; (?) abnormal heart sounds (murmurs/rubs/gallops) [1]
- Lungs: (?) breath sounds BILATERALLY; (?) rales/rhonchi/wheezes [1]
- Abdomen: (?) tenderness; (?) distension; (?) bowel sounds [0.5]
- Abdomen: (?) hepatosplenomegaly [0.5]
- Extremities: (?) edema [0.5]
- Extremities: Muscle strength (?) [0.5]

3. Assessment

- Anemia [1]
- Menorrhagia [1]
- Hypothyroidism [1]
- Depression [1]

4. Plan

- Medication: Multivitamin AND iron supplement [1]
- Testing: CBC [1]
- Testing: iron level [0.33]
- Testing: TIBC (total iron binding capacity) [0.33]
- Testing: Ferritin [0.33]
- Testing: Serum folate [1]
- Testing: Serum B12 [1]

Patient education (or) referral: Nutritional counseling [1]

Referral: Gynecologist [1]

5. General comment about this SOAP: (NS)