



Bachelor of Chinese Medicine BCHM4608 Fundamentals of Diagnosis



Orientation & History taking



Ian Wong

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WHOLE CLASS SESSIONS

- **Introduction to the diagnostics course**
- **History taking**
- **Investigations in surgical patients**
- **Haematemesis, melaena, dysphagia**
- **Abdomen / spasm / colics**
- **Jaundice & hepatobiliary diseases**
- **Peripheral vascular disease and varicose vein**
- **Pain**
- **Revision Lecture**

Bachelor of Chinese Medicine

BCHM4608

Fundamentals of Diagnosis

At the end of the course, students will be able to take basic history, perform proper physical examination and achieve basic knowledge in clinical diagnosis in general surgery.

Week	Date	Time	Group	Session	Teacher	Venue
1	21.07.25 (Mon)	1000 – 1100	1-24	Seminar: History Taking and Physical Examination in general	Prof M Co	LT3-4, FMB
	22.07.25 (Tue)	1200 – 1300	1-24	Clinical demonstration: Peripheral Vascular System*	Prof SWK Cheng	LT3-4, FMB
		1400 – 1500	1-24	Clinical demonstration: Abdomen*	Prof KM Chu	LT3-4, FMB
		1500 – 1600	1-24	Seminar: Common Surgical Emergencies	Prof KM Chu	LT3-4, FMB
		1600 – 1700	1-24	Seminar: Surgery and Surgical Principles	Prof IYH Wong	LT3-4, FMB
	24.07.25 (Thu)	1000 – 1100	1-24	Clinical demonstration: Urology*	Dr T Lai	UGLTs, QMH
3	04.08.25 (Mon)	1600 – 1700	1-24	Seminar: Metabolic Response in Surgical Patients	Dr S Tsang	UGLTs, QMH
		0900 – 1000	1-24	Clinical demonstration: Thyroid	Prof M Fung	UGLTs, QMH
		1100 – 1200	1-24	Clinical demonstration: Skin and Subcutaneous Lesions	Dr R Chan	UGLTs, QMH
4	11.08.25 (Mon)	1200 – 1300	1-24	Clinical demonstration: Head and Neck	Dr R Chan	UGLTs, QMH
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*Zoom recording will be provided later



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Clinical Demonstration and Bedside training schedule (Surgery)

Learning Activities and Outcomes

8 clinical demonstrations and 4 bedside teaching are offered. The learning outcomes are:

- Skin and Subcutaneous Lesions
- Peripheral Vascular System
- Abdomen
- Perineum and Hernia
- Urology
- Breast
- Head and Neck
- Thyroid

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MBBS Clinical Foundation Block / BCHM4608 Fundamentals of Diagnosis (Surgery Bedside)

Surgery

i. Learning Activities and Outcomes

7 seminars, 8 clinical demonstrations and 4 bedside teaching are offered. The learning outcomes are:

(a) Head and Neck

- Understand the topographic anatomy of the oral cavity and the three parts of the pharynx.
- Understand the topographic anatomy of the different groups of cervical lymph nodes.
- Identify common symptoms and perform history taking in head and neck diseases.
- Demonstrate and understand the examination techniques of the oral cavity and oro-pharynx.
- Demonstrate and understand the examination techniques of the neck including the cervical lymph nodes.

(b) Thyroid

- Classify patients with thyroid enlargement.
- Understand the physical signs of thyroid diseases.
- Identify important landmarks during thyroid examination.
- Perform a proper examination of patients with thyroid problems.

(c) Skin and Subcutaneous Lesions

- Examine lumps and bumps.
- Describe an ulcer.
- Identify the common skin and subcutaneous lesions.
- Determine if all lumps and bumps need treatment.

(d) Peripheral Vascular System

- Examine the peripheral arterial system.
- Examine varicose veins.

(e) Abdomen

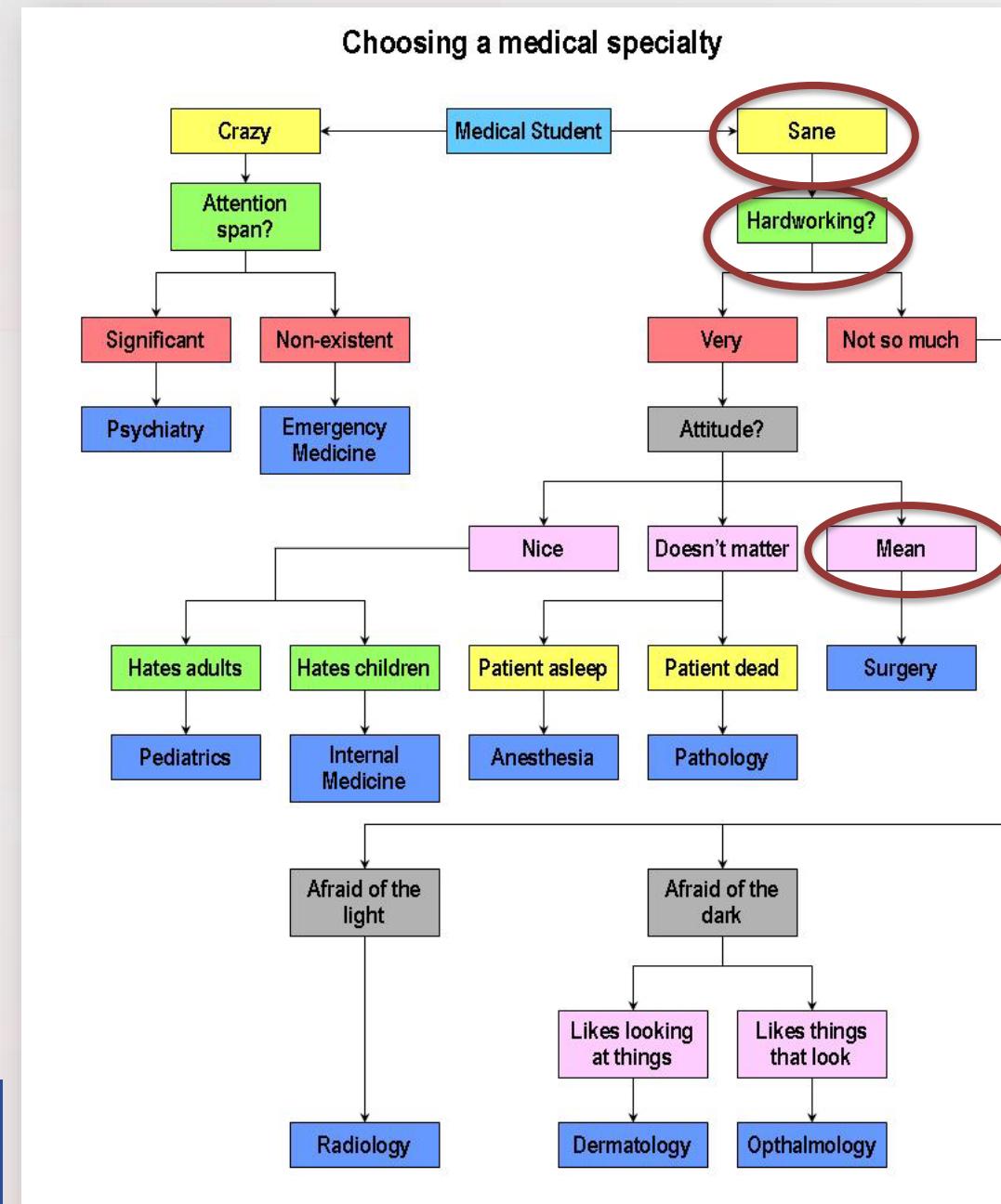
- Describe the surface anatomy of abdomen.
- Perform a general examination prior to abdominal examination.
- Perform a complete and systematic examination of abdomen.
- Remember:
 - to introduce yourself and obtain consent from patient;
 - proper position and exposure; and
 - do not hurt the patient.

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BCHM4608
Fundamentals of Diagnosis



What is Surgery?

- Latin: Chirurgia
- Greek: cheiros (hand) and ergon (work)
- The treatment of injuries or disease in people or animal by **cutting the body** and **removing or repairing** the damaged part



GREY'S ANATOMY

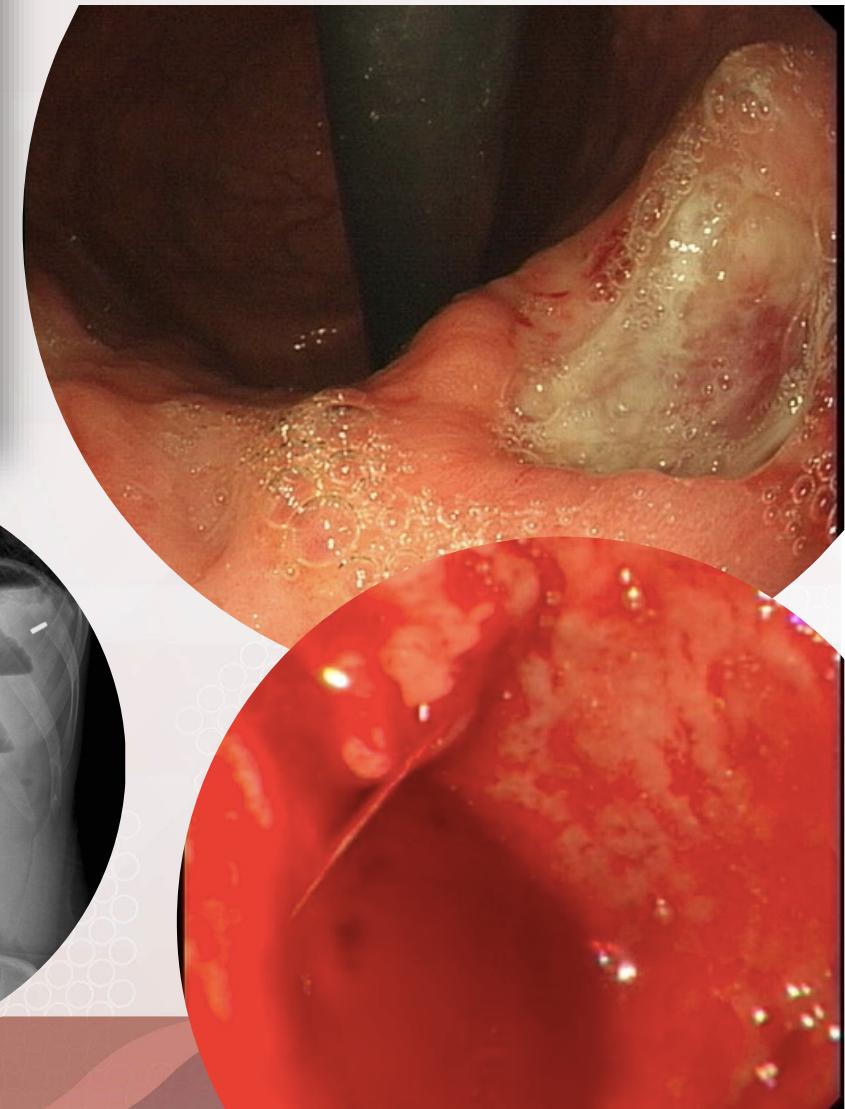
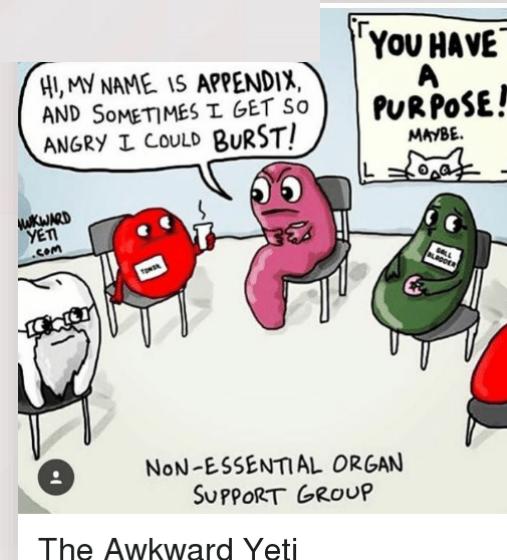


A 16-MONTH 2021 CALENDAR



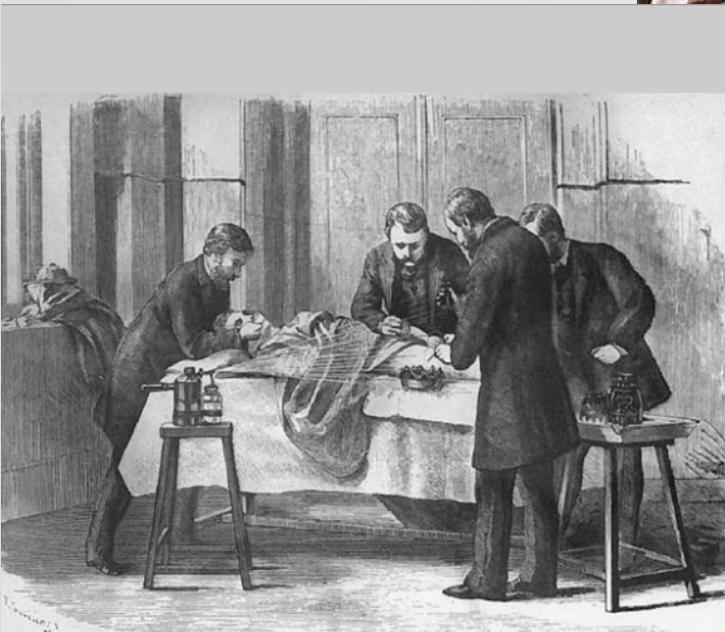
- Solid organ cancer
- Blockage of hollow structures
- Organ transplantation
- Trauma
- Congenital anomalies
- Localisable inflammatory/infective conditions
- Bleeding, acquired conditions

Aspect for surgical treatment





- Trepanning – Burr Hole
- Dental Procedure 2650 BC



華佗
(AD 145-208)

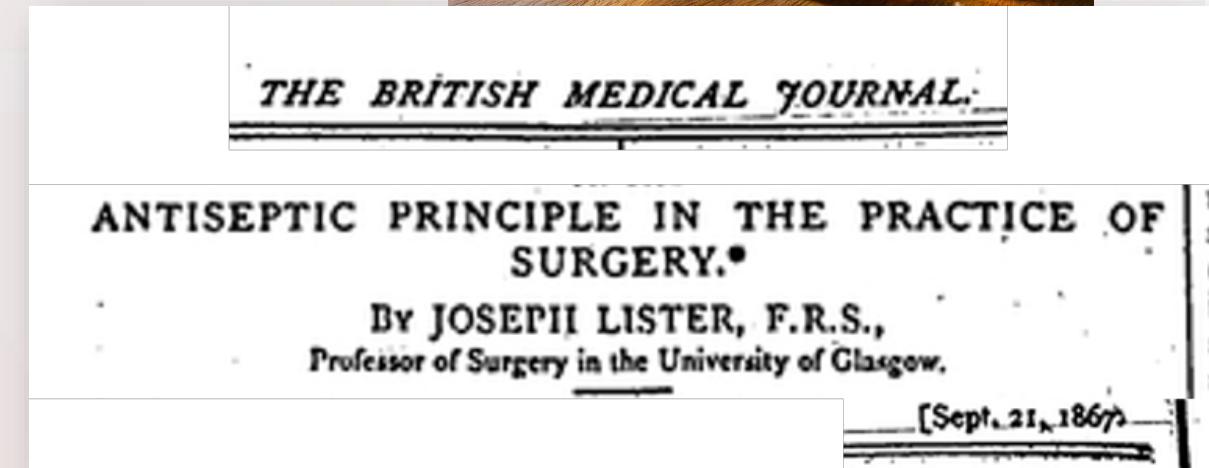


History



Path to Modern Surgery

- Anaesthesia & Antisepsis



"Ether Anesthesia"

Ether Dome – Massachusetts General Hospital
John Collins Warren 1846

Medical Education

Relative Contributions of History-taking, Physical Examination, and Laboratory Investigation to Diagnosis and Management of Medical Outpatients

J. R. HAMPTON, M. I. G. HARRISON, I. R. A. MITCHELL, I. S. PRICHARD

Summary

To evaluate the relative importance of the medical

TABLE I—*Effect of History, Physical Examination, and Laboratory Investigations on the Diagnosis*

				Number of patients
Referring practitioner's diagnosis unchanged	37
Diagnosis changed after history taking	34
Diagnosis changed after physical examination	6
Diagnosis changed after laboratory investigation	7

and the laboratory investigations in a further seven.

In only one of six patients in whom the physician was unable to make any diagnosis after taking the history and examining the patient did laboratory investigations lead to a positive diagnosis.



Practice of surgery

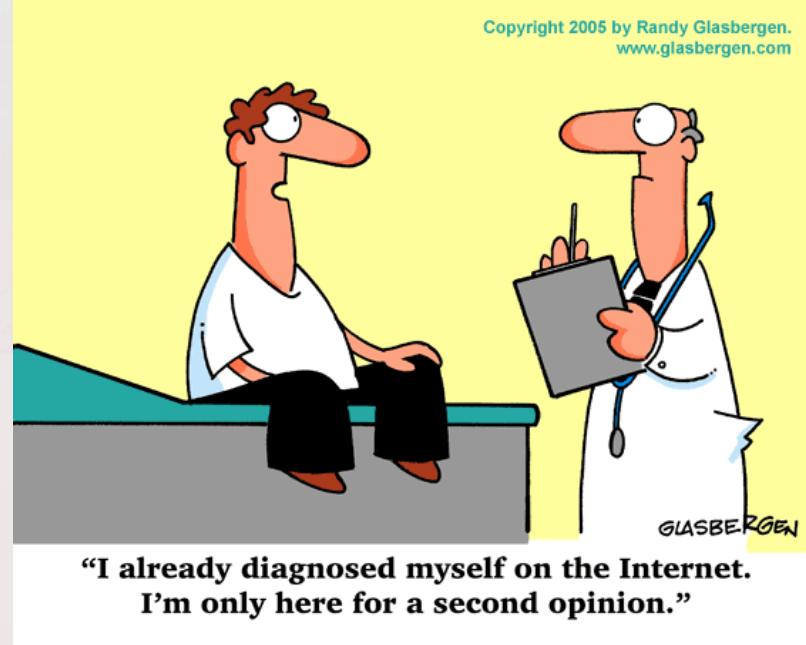
- Identify the problem
 - History taking
 - Physical examination
- Confirming the problem
 - Investigations
- Fixing the problem
 - Intervention/ operation





History Taking

- Focused, professional interview
- To identify the problem
- Formulate diagnosis / differential diagnosis
- Obtain relevant information for treatment planning



Starting the consultation

- Greet and introduce yourself
- Professional attire
- Confirm the identity of the patient (and accompanying person)
- Comfortable environment and Privacy



History Taking (Outline)

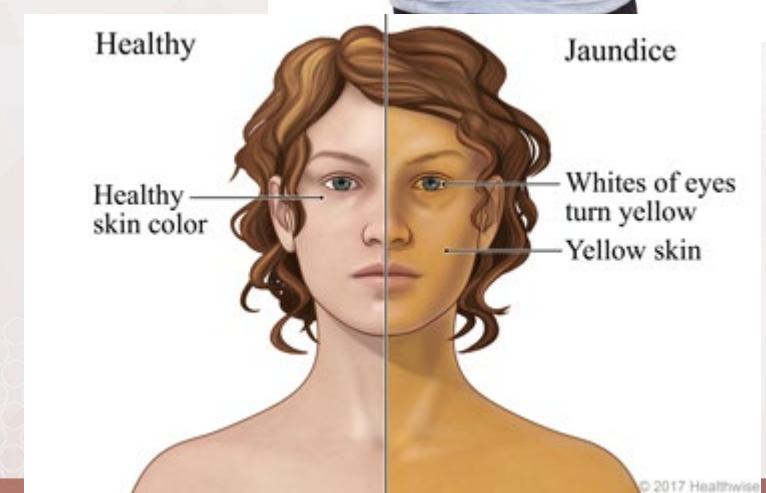
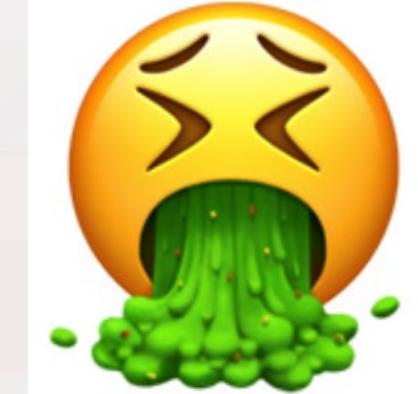
- Chief Complaint
- History of present illness
- Past medical history / surgical history
- Drug history
- Social History
- Family history
- Summary → ?Differential diagnosis





Common surgical chief complaints

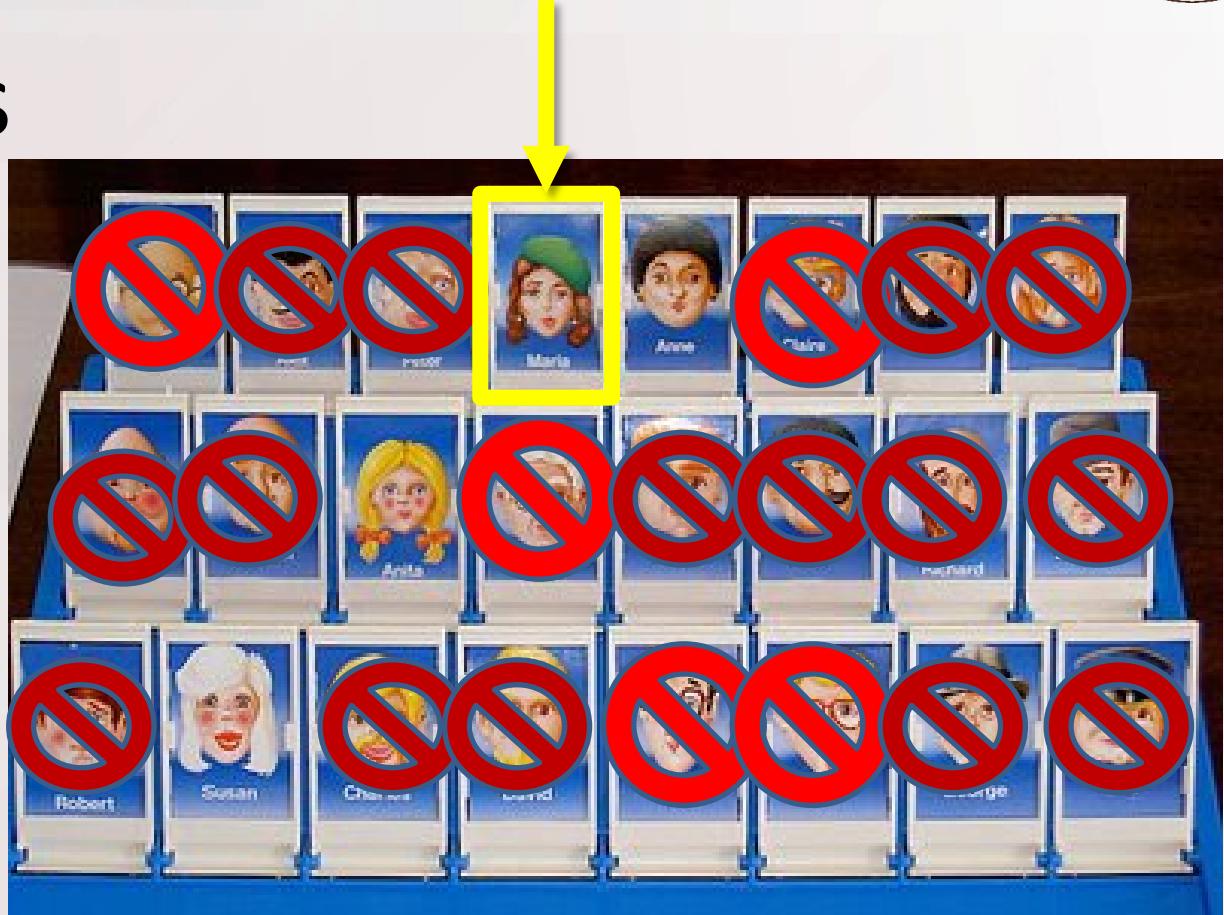
- Gastrointestinal system:
 - Vomiting
 - Abdominal Pain
 - GI bleeding
 - Jaundice
 - Constipation
- Head and neck/Plastic/ENT:
 - Epistaxis
 - Hearing loss
 - Neck mass
- Neurological system:
 - Headache
 - Movement/ Balance
 - Numbness
 - Language
 - Memory
 - Vision / Hearing
- Breast Surgery
 - Pain
 - Swelling
 - Discharge





History of Present Illness

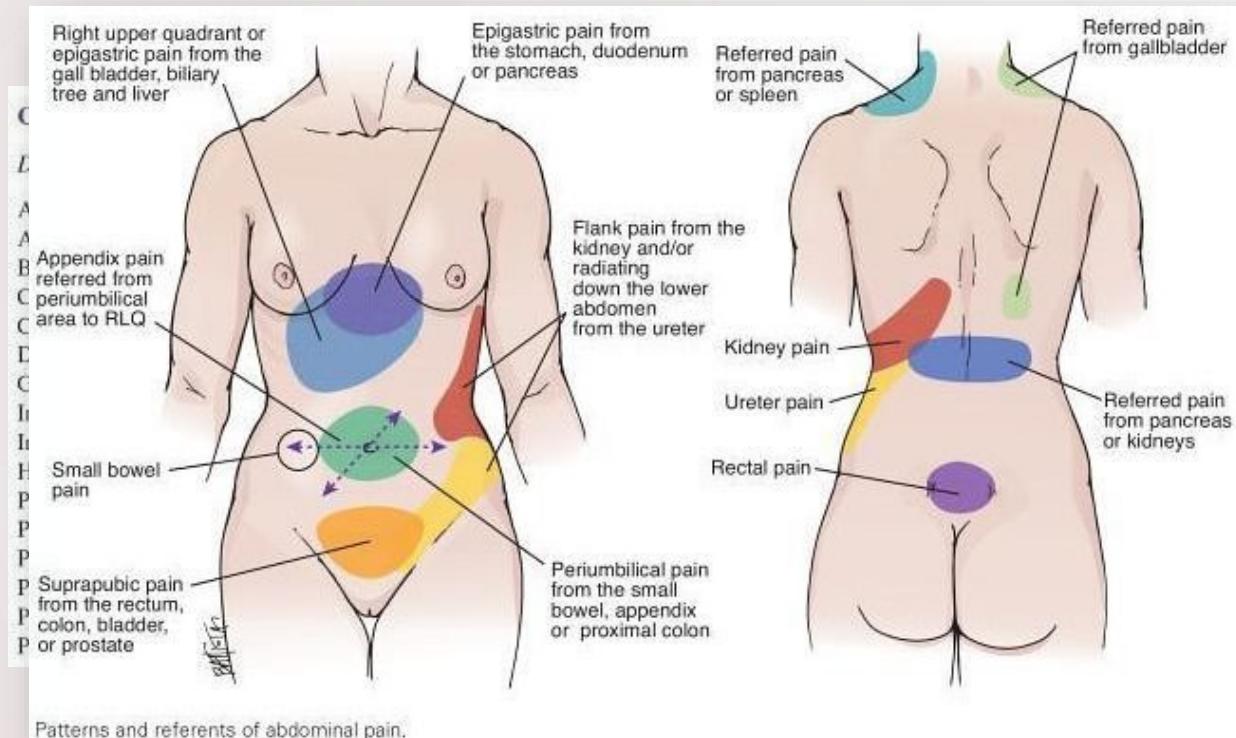
- Characteristic of Chief Complaint
 - Progression
 - Quality
 - Radiation
 - Severity
 - Timing (onset, duration)
- Associated symptoms
- Risk Factors
- Complications
- A process of elimination (inclusion and exclusion)
- Conclusion: most likely cause





History of Present Illness

- Pain
 - Where is the pain?
 - Is it localized or diffuse, does it involve other areas?
 - How bad is it?
 - When did it begin?
 - How long did it last each time?
 - Does it improve with anything?
 - What worsens it?



Anatomical vs Organ System vs Referred Pain

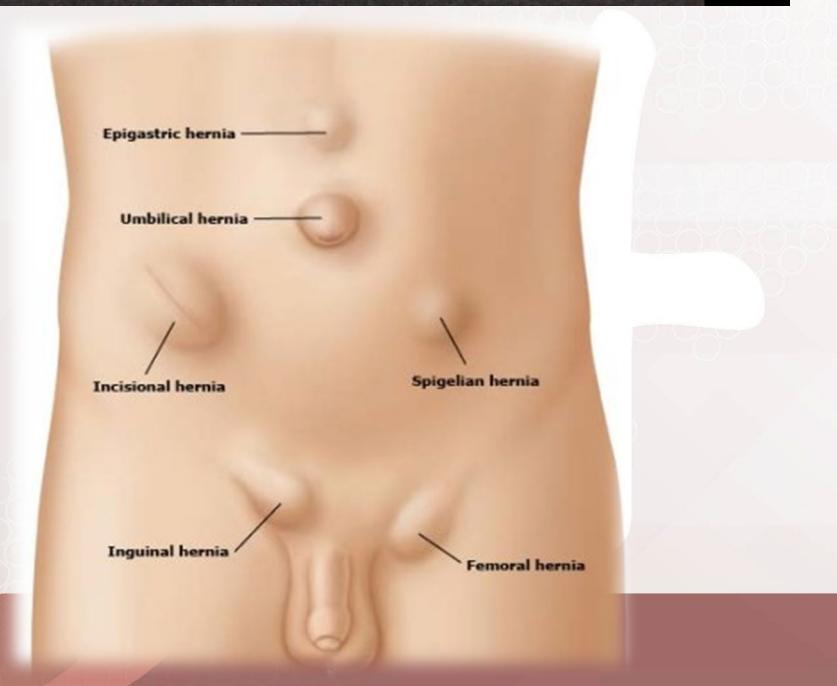
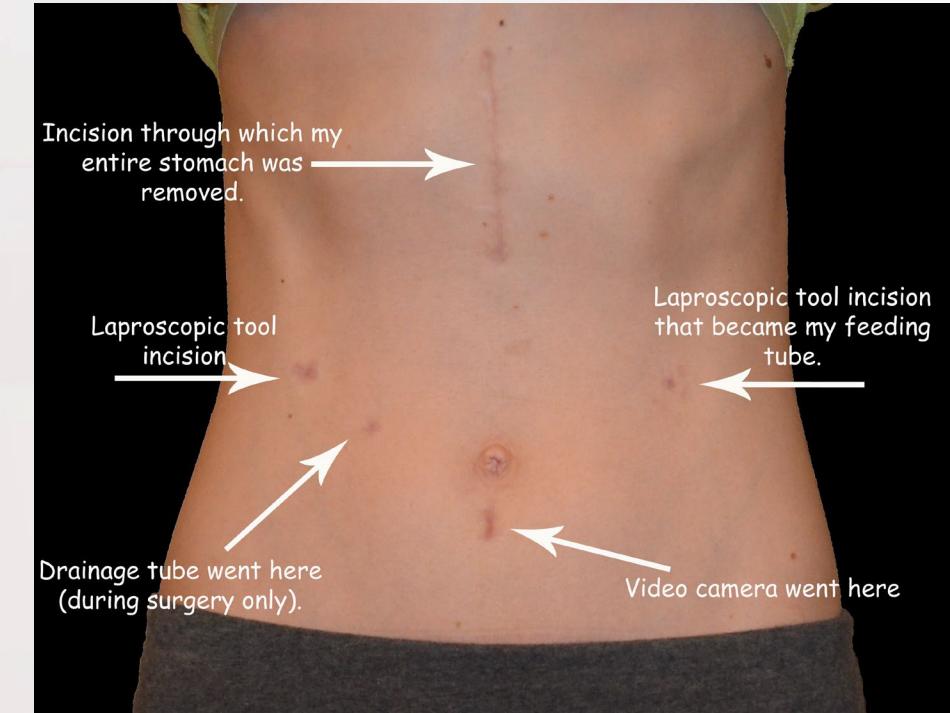


Past Medical History

- Chronic diseases:
 - Hypertension, Diabetes, etc
- Previous surgery / hospital admission
- Medication history (include drug allergy)
 - Anticoagulants, chemotherapy

?? Would it

- Be another recurrent episode of previous illness/malignancy
- Be a complication of previous surgery
- Be a side effect of medication
- Affect your further management





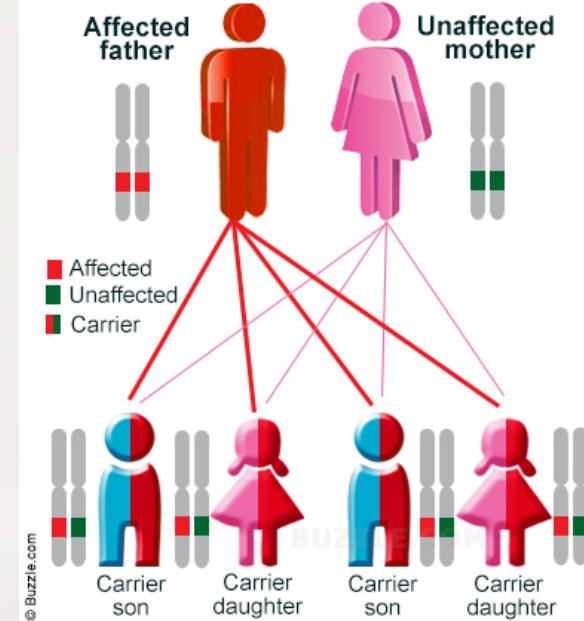
Social history

- Occupation
- Habits (smoking / drinking)
- Travel History
- Environment and Family
- Sexual history



Family history

- Cancer
- Inherited diseases
- Syndromes
- Contact history





Special considerations

- Paediatrics population
 - Birth History
 - Vaccine History
 - Information from care-giver/parents
 - School/ Sexual / Substance abuse
- Gynecological
 - Menstruation (Xray/CT)
 - Pregnancy/ Delivery
 - Contraception
 - Sexual History
- Non-communicable
 - History from care-giver / witness
 - Writing
 - Rely on physical examination and tests



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School of Clinical Medicine
Department of Surgery
香港大學外科學系

Summary

- Summarize essential information
- Point to differential diagnosis
- NOT News reporting
 - Facts, but processed facts
- NOT Personal biography
 - Relevant information only, not everything
 - In a sequence that informs your differential diagnosis



Examples

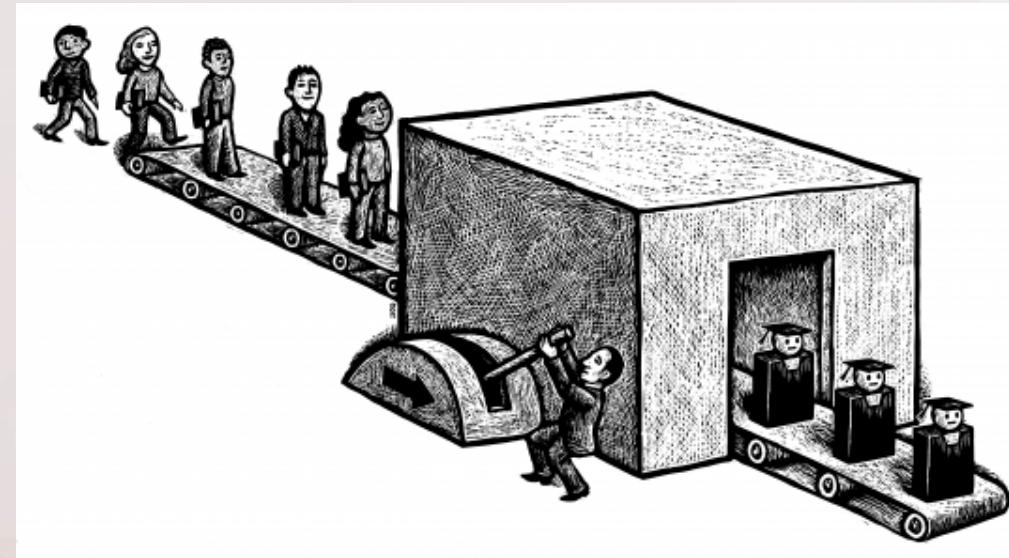
- 23/M, Smoker & drinker, sudden onset severe epigastric pain, associated with chills and fever, patient is so painful that he needs to lie still.
- 50/F, Overweight, non-smoker, long history of colicky epigastric pain after fatty meal, complained of persistent right upper quadrant pain with fever.
- 60/M, chronic alcoholic, also known history of gallstone, complained of sudden onset epigastric pain radiate to the back
- 60/F, known history of gallstone, complained of epigastric pain, jaundice for 2 days. Developed fever and chills, drowsiness on the morning of admission.



Conclusion

- Good history = ~70% getting your diagnosis
- Gather information → process → present
- Next: Physical examination and Investigations to confirm your diagnosis / rule out differential diagnosis

What patient tells
you..



What you tell your
colleagues..(Dx,
ddx, plan)



HKU Cloud-based Learning 港大線上課



港大線上課

HKU Cloud-based Learning
足不出戶陪你學

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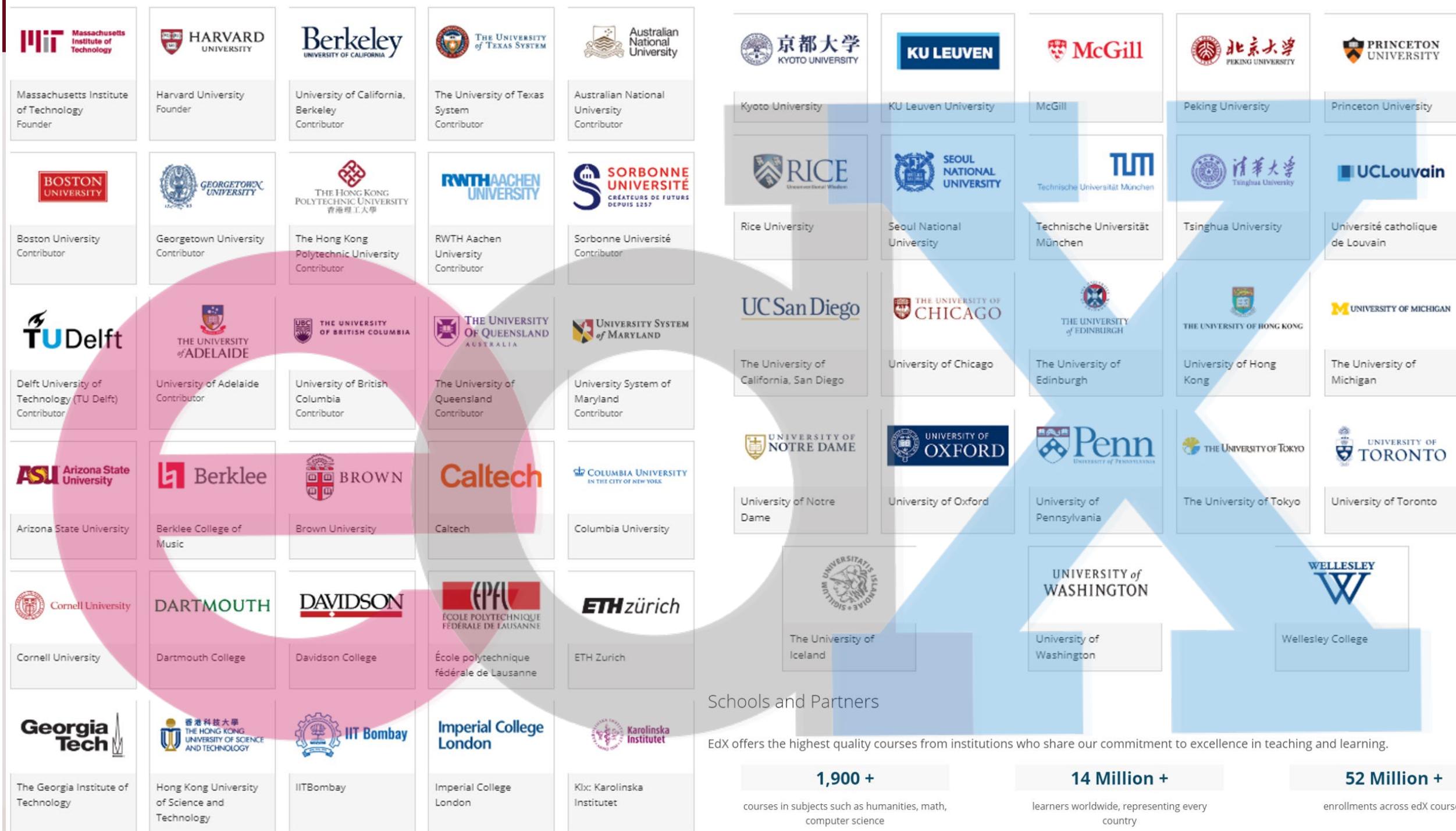


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SO YOU WANT TO BE A SURGEON



@surgerymooc





**HKU
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Department of Surgery

Teachings

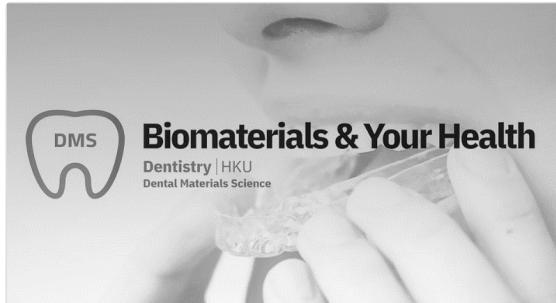
About the New

> T&L@HKU >

HKU offers more
Coursera, which
education conce

The MOOCs com
to scaffold your I
mobile. Our cour
disciplinary area:

e-learning Bl



Register now

Biomaterials & Your Health

Faculty of Dentistry

Starts on July 19, 2022

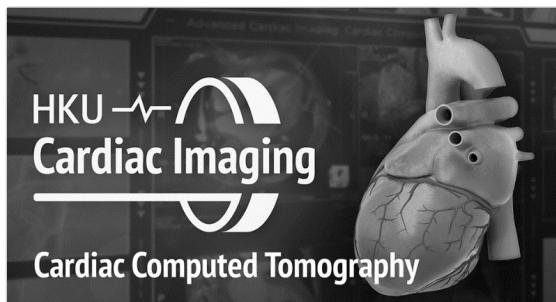
The image shows a collage of screenshots from various online teaching platforms. In the center is a large edX logo with the text "PRIZE 2022". Surrounding it are several video player interfaces showing different medical lectures. One screen shows a doctor in a white coat speaking. Another shows a diagram of the heart. A third shows a surgeon performing a procedure. There are also screens showing text and small images related to surgery and medical procedures.

So You Want To Be A Surgeon?

2022 edX Prize Finalists for Innovation in Online Teaching

SURGEON

Department of Surgery | HKUMed



Register now

Advanced Cardiac Imaging: Cardiac Computed Tomography

Li Ka Shing Faculty of Medicine

Rerun: on-going

The image shows a screenshot of a video player for the "So You Want To Be A Surgeon?" course. It features a dark background with a blue header bar containing the title and subtitle. Below the header, there's a large image of a surgeon in an operating room. At the bottom of the screen, there's a pink "Register now" button.

Register now

So You Want To Be A Surgeon?

Li Ka Shing Faculty of Medicine

Rerun: on-going

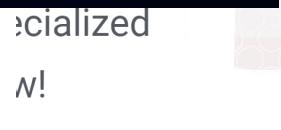


Register now

Epidemics IV

Li Ka Shing Faculty of Medicine

Rerun: on-going



Specialized
n!



Geographic Distribution

Where are my learners?

Daily Learner

Enrollments

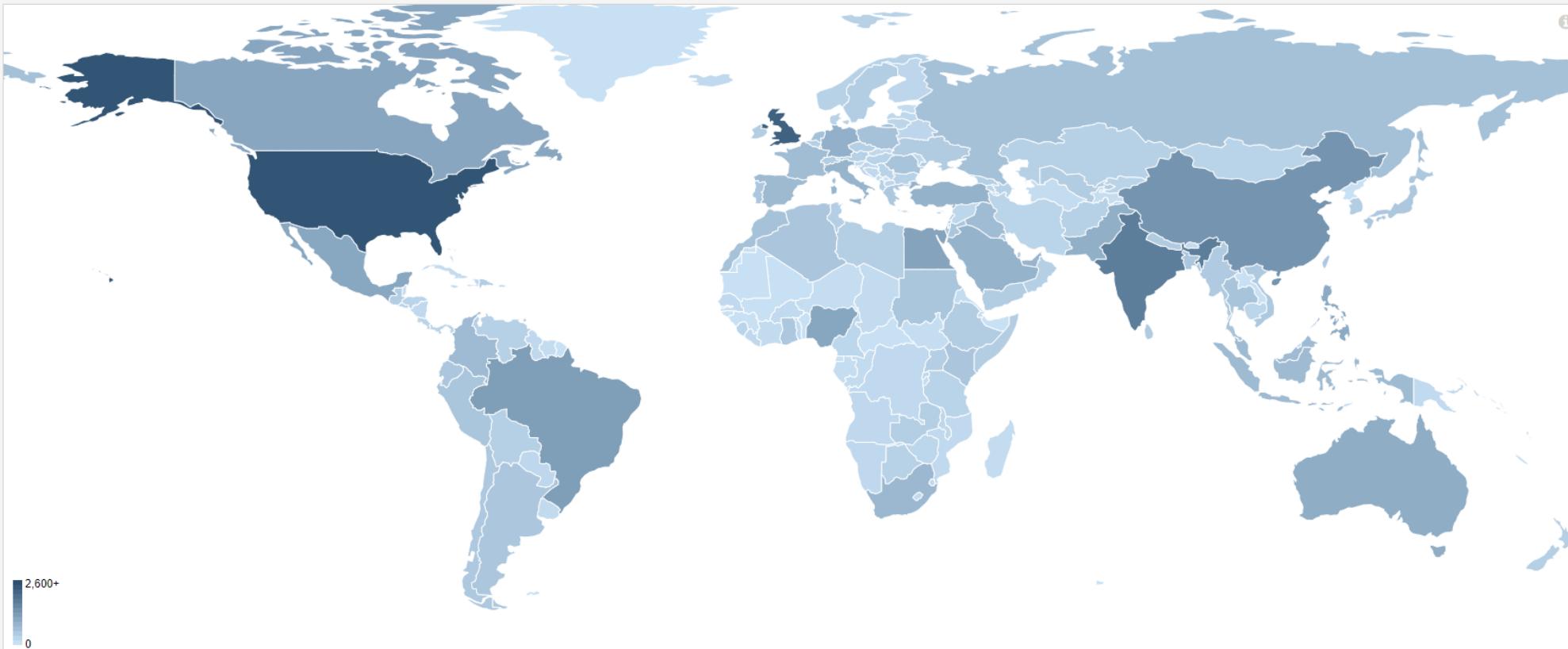
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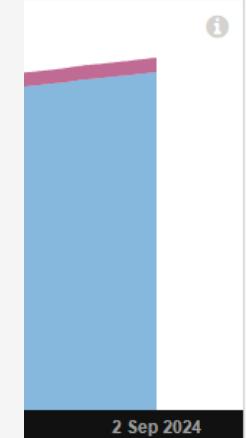
5000

0

5 Nov 2019 26



learners are in my course?



Enrollment M



Geography Metrics

188

Total Countries or Regions Represented

Hong Kong

Top Country or Region by Enrollment

14% of learners

United State...

Second Country or Region by Enrollment

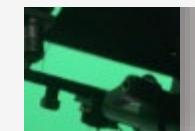
13% of learners

United Kingd...

Third Country or Region by Enrollment

10% of learners

nt



Search Courses and Programs

 Surgery Search

Subject ▾

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Program ▾

Level ▾

Availability ▾

Language ▾

All**Courses****Programs**

"Surgery" Courses (6 results)

[Show \(6\) >](#)**So You Want To Be A Surgeon?**

HKUx

Course

**Musculoskeletal Primer for the Non-Orthopedist**

StanfordOnline

Course

**Implant Dentistry**

HKUx

Course

**Digital Biomaterials**

HKUx

Course

S

Staff-student Consultative Committee

- Physical examination videos before session
 - Faculty to release videos
- Timing wise, prefer skills lab (PCB 102) session before real bedside
 - Difficult as bedside schedule is linked with MBBS CFB schedule
- Upload previous (or updated) powerpoint before lecture



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