

Standardized Patient Checklists

Measure up yourself



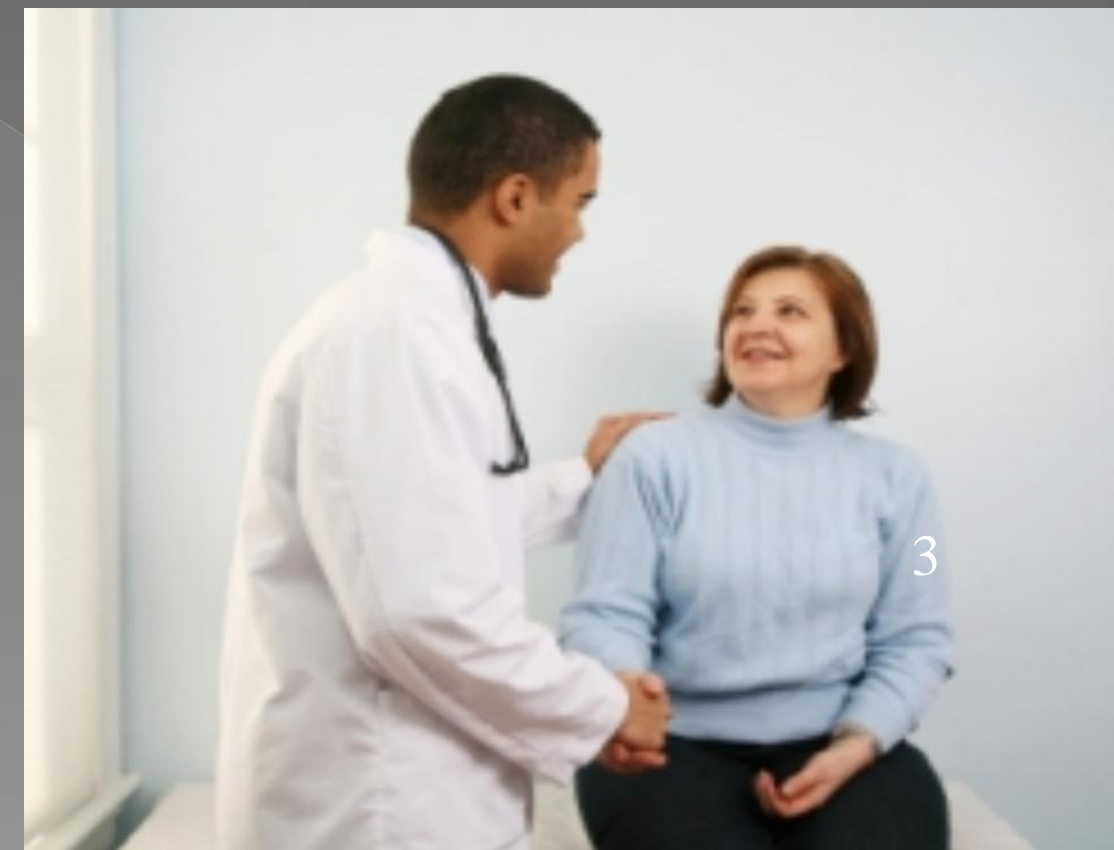
Check list for History

- Chief complaint(s).
- Onset, duration and progress of each.
- Aggravating and relieving factors.
- Associated symptoms (varies with case).
- LIQOR AAA in case of pain anywhere.
- SIGE CAPS Mood for depression/ its differentials.
- Recent travel esp. in communicable diseases, DVT.
- Sick contact, Immunization, wherever applicable.



PAM HUGS FOSS

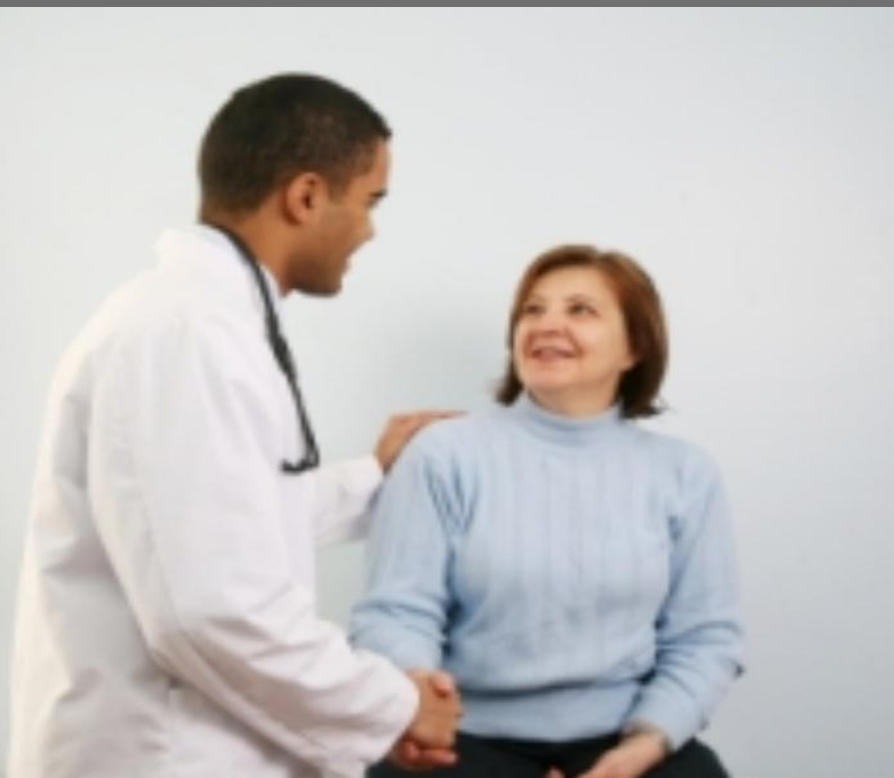
- PMH, Past surgical history .
- Allergies : to drug, food articles, other substances like dust, dirt, pollen, animal dander, etc.
- Medications : list of all doses, recent changes or addition to meds, OTC, Herbal stuff, Chinese and other meds if any.
- Hospitalizations.
- Urinary complaints.
- GI complaints.
- Sleep.
- Family history.
- Occupational History.
- Social history.
- Sexual history and menstrual history.



Special Age Groups

Pediatric:

- Mode of delivery, Gestational age & birth wt. (up to infancy).
- Peri-natal history (up to infancy) : if anything significant, prolonged hospitalization, incubator use.
- Immunization history.
- Congenital malformations in kid/ sibs.
- Developmental milestones appropriate for age.
- Developmental delays if any in kid/sibs.
- Performance at school.
- Pica (toddlers-early school goers).



Special Age Groups contd.

Adolescents:

- Sexual activity
- Knowledge and use of contraception
- Routine immunization
- Gardasil in case of female adolescent,
- Dental hygiene
- Use of seat belt
- School performance
- Trouble at school or with law
- Self body image
- Eating too much or too less (eating disorders)



Special Age Groups contd.

Women:

- Menstrual history : Frequency, duration and flow
- Pain or other complains during period
- Obstetric history
- Self breast exam
- Yearly mammogram over 40 years of age
- Family history of CA: Breast, Ovary, Endometrium
- Social abuse if indicated
- Second hand exposure to smoke
- Taking nutritional supplements



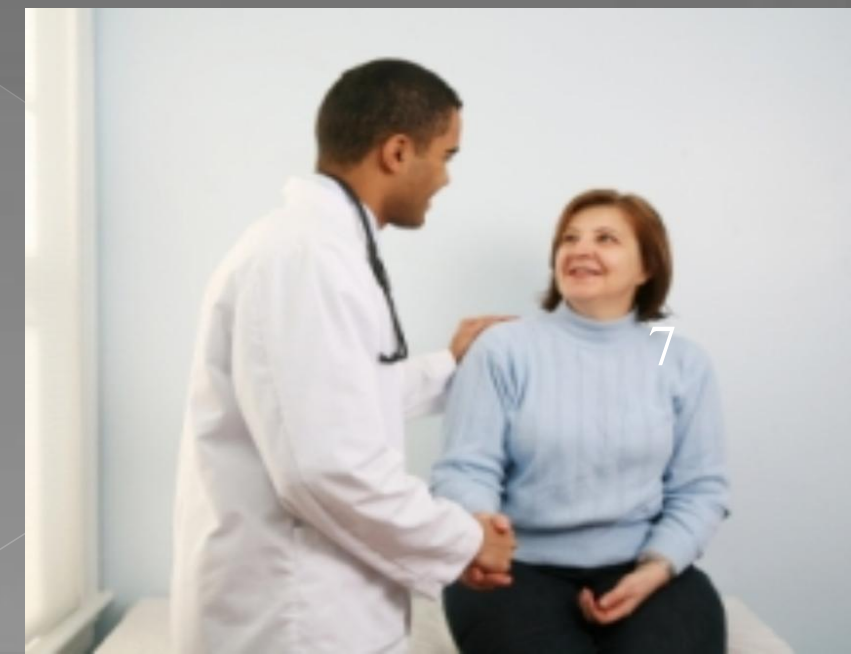
Special Age Groups contd.

Post menopausal:

- Menopausal symptoms
- Osteoporosis or other bone loss
- Unusual fractures
- Calcium and vitamin D supplements
- Anti resorptive drugs

Elderly:

- Living condition and social support
- Flu shot
- Whether still driving
- Screen for depression esp. wherever suspected.



Counseling Checklist

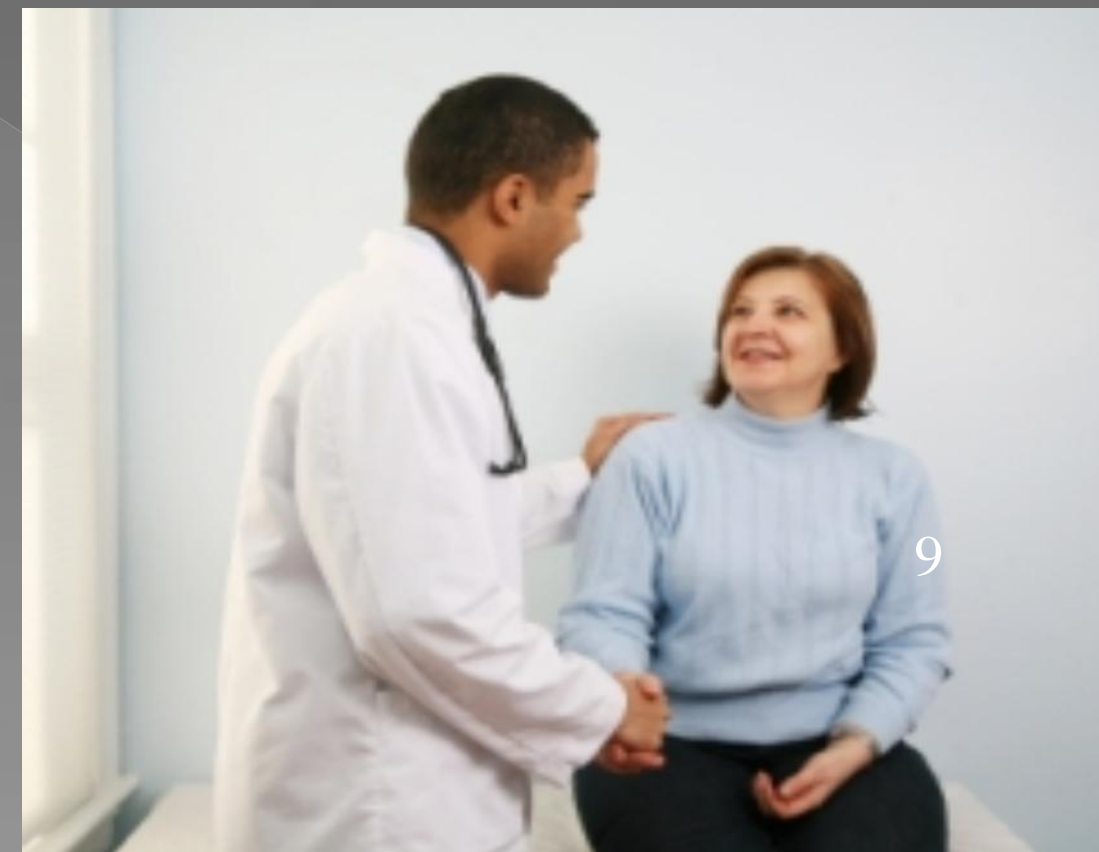
- Ask about: Smoking, Alcohol and illicit drugs, High risk sexual behavior, Food, Exercise, Contraception, Seat belt use.
- Ask about details of smoking, alcohol and illicit drug use if positive history.
- Ask if the habits bother the patient/ people around them.
- Assessed for willingness to quit.
- Offer support and means to quit, motivated patient.
- Offer contraceptive alternatives.



Objective Checklist

General:

- Check sclera, conjunctiva, mucus membrane : for pallor, icterus.
- Check nails for clubbing and nail changes.
- Extremities for edema.
- General: checked for cyanosis if applicable.
- Check skin and hair wherever applicable.
- HEENT : Examined HEENT, including lymphnodes, thyroid gland.



Objective Checklist contd..

- RS : Auscultation (that is the only thing they are looking for even in respi cases, you may do tactile vocal fremitus if time permits, but it can be safely omitted).
- CVS : Auscultation generally, more thorough exam in a CVS case including carotids, radial pulses bilaterally, femoral pulses bilaterally, any delays, heave.



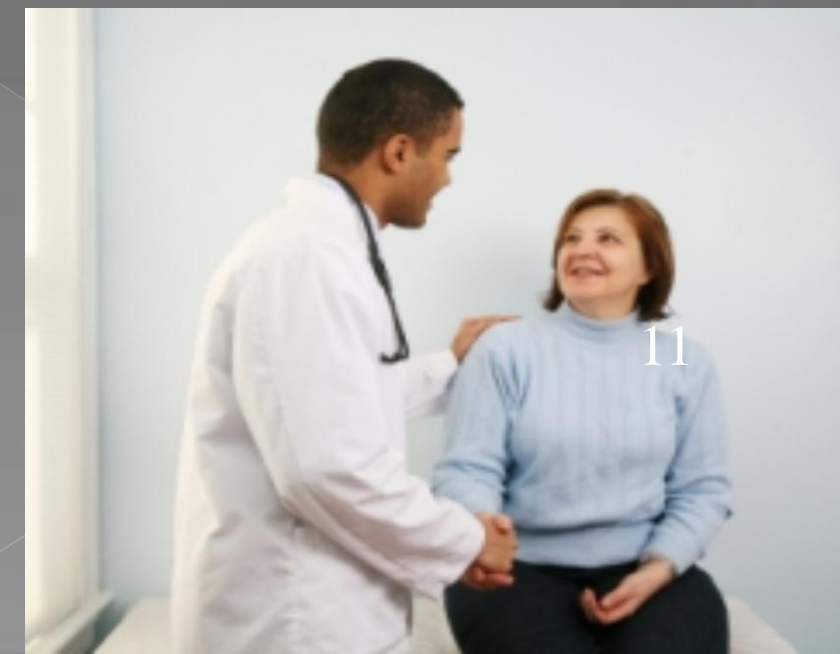
Objective Checklist contd..

Abdomen:

- Auscultation
- Percussion
- Palpation (superficial and deep)
- Organomegaly
- Shifting dullness, fluid thrill in case of ascites.

Extremities :

- Bilateral symmetry
- Edema
- Peripheral pulses
- Monofilament in diabetics, operators of heavy machinery. polyneuropathy cases, etc.



Objective Checklist contd..

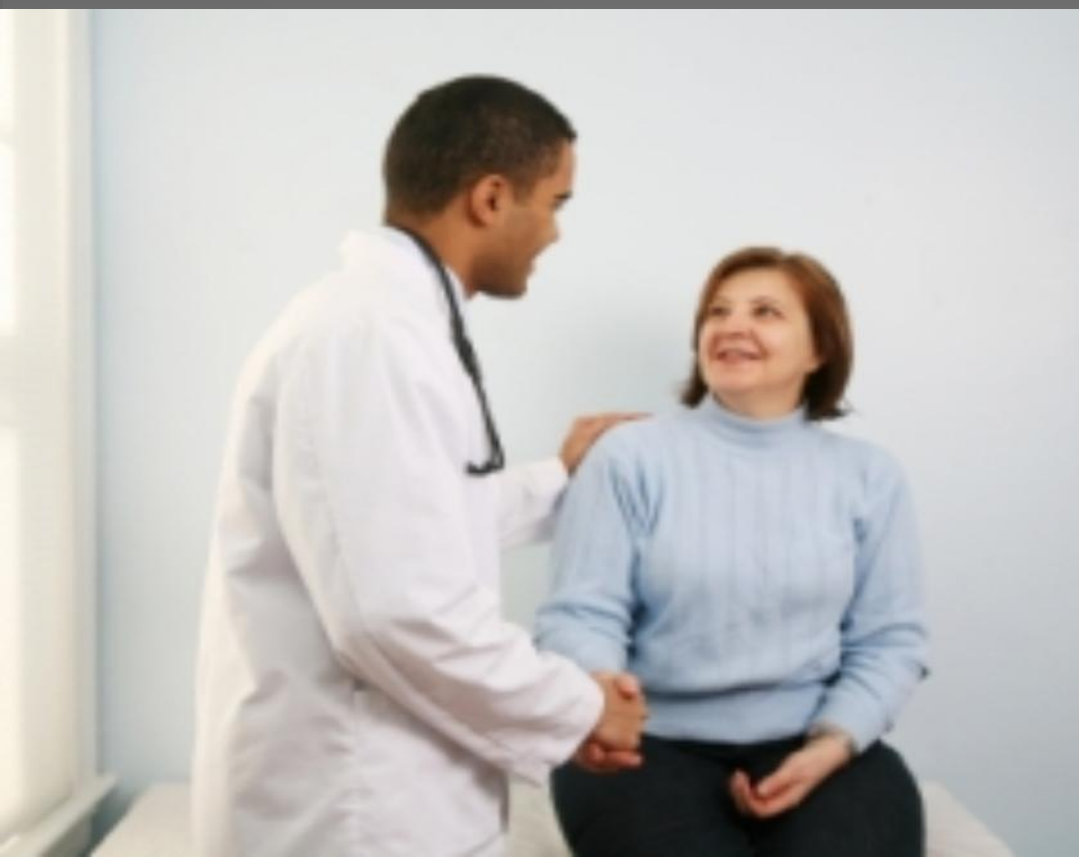
- Signs of poor peripheral perfusion / vascular disease, venous insufficiency.

Others:

- Otoscope / Ophthalmoscope wherever applicable.
- Range of motion, tenderness, grip, gait, effusion in case of joint and extremity pain.

CNS :

- Alertness.
- orientation to time, place and person.
- Cranial nerves II-XII bilaterally.



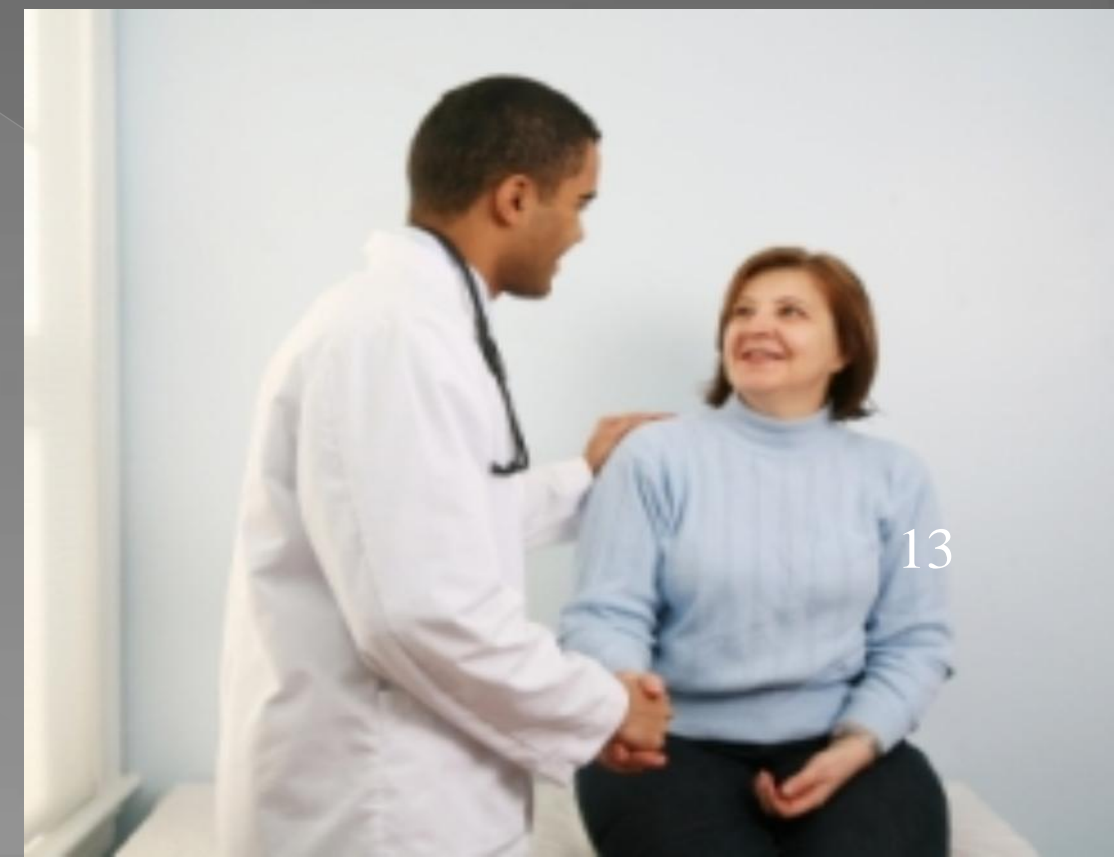
Objective Checklist contd.

Sensory- at-least 3 points in upper extremity and 3 points in lower extremity, 3 on face, 3 on chest and abdomen.

Motor: flexor and extensor muscles in each compartment (arm, forearm, wrist, hand, thigh, leg, foot/ankle).

Deep tendon reflexes.

MMSE: Wherever applicable.



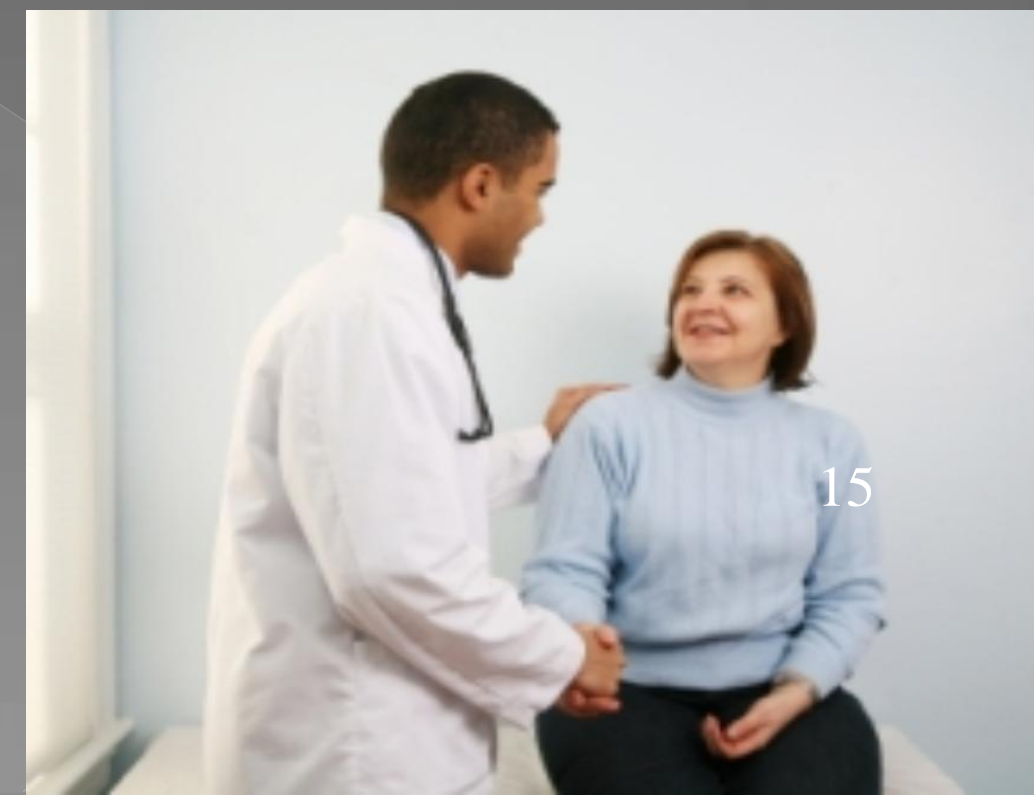
Osteopathic Manipulative Medicine (OMM)

- OMM should be considered for every standardized patient (SP) encounter. But it should be performed only if it is indicated.
- OMM should not be performed every case in your exam.
- Generally 3-5 cases need OMM in your exam.
- If, OMM is indicated, it has to be explained briefly why it is helpful.
- Permission has to be taken from patient before OMM is performed.



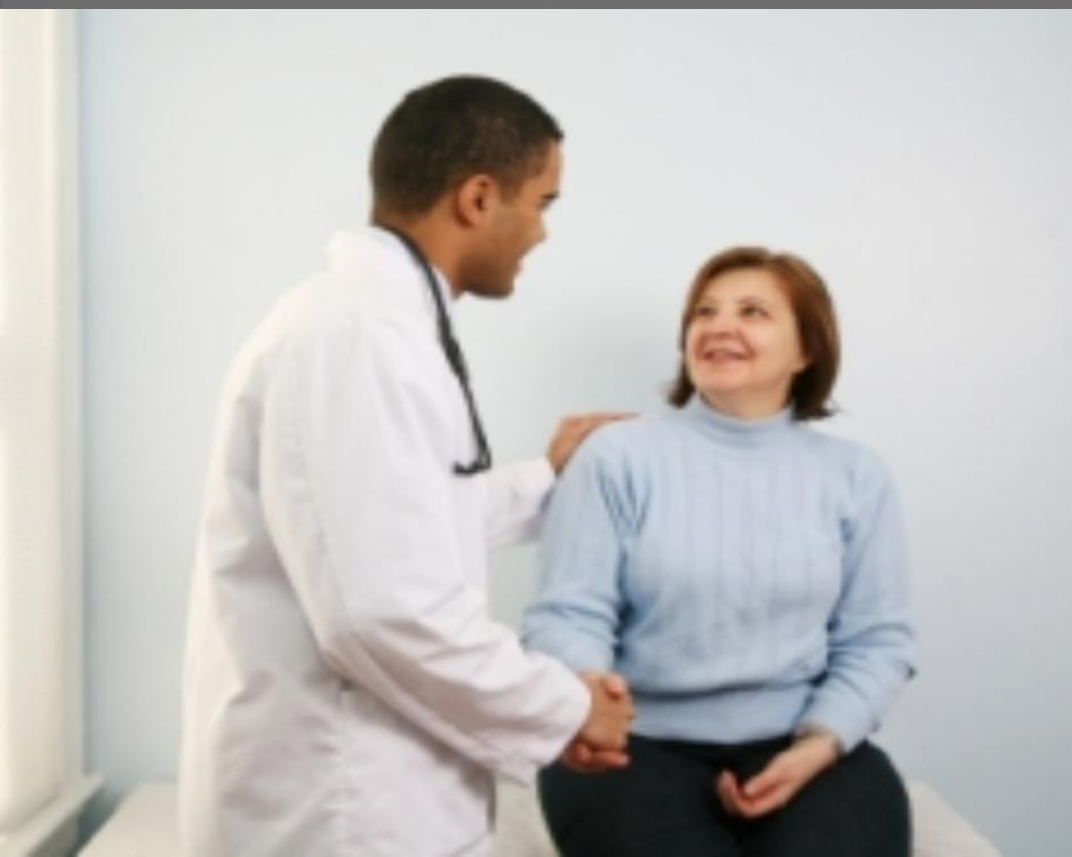
Osteopathic Manipulative Medicine (OMM):(Contd...)

- If OMM is indicated, it has to be done in this encounter; it should not be deferred to next follow up.
- If you forget to perform OMM, then you have to mention in the plan with intent to perform.
- You should not document any OMM that is not performed as any false documentation is a violation of professionalism competency and can result in failure of examination.



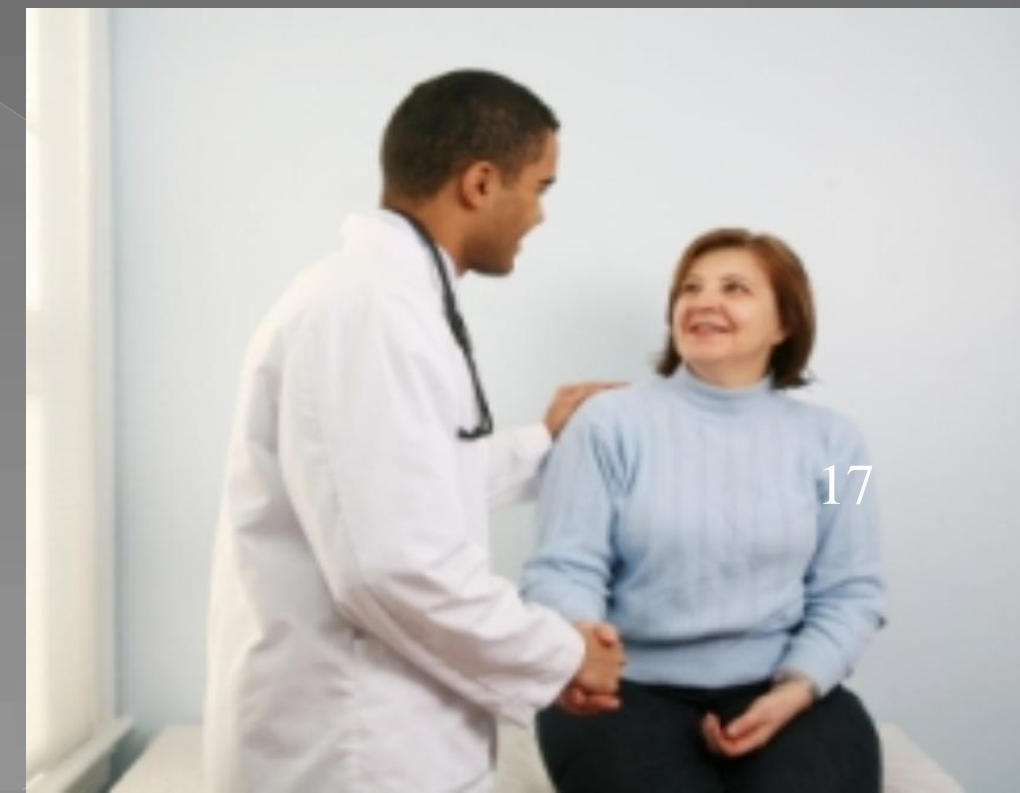
Osteopathic Manipulative Medicine (OMM):(Contd...)

- As SP undergoes OMT multiple times in a day, following OMT are prohibited.
 - High Velocity Low Amplitude (HVLA) technique
 - Thrust techniques through an engaged barrier
- It should be applied gently and duration of OMT should be limited to 3 to 5 minutes.



Osteopathic Manipulative Medicine (OMM):(Contd...)

- OMT techniques recommended for exam:
 - Counter strain
 - Cranial Osteopathy
 - Facilitated Positional Release
 - Galbreath Technique
 - Lymphatic Techniques
 - Muscle energy
 - Myofascial
 - Sinus drainage techniques
 - Still technique
 - Spencer technique



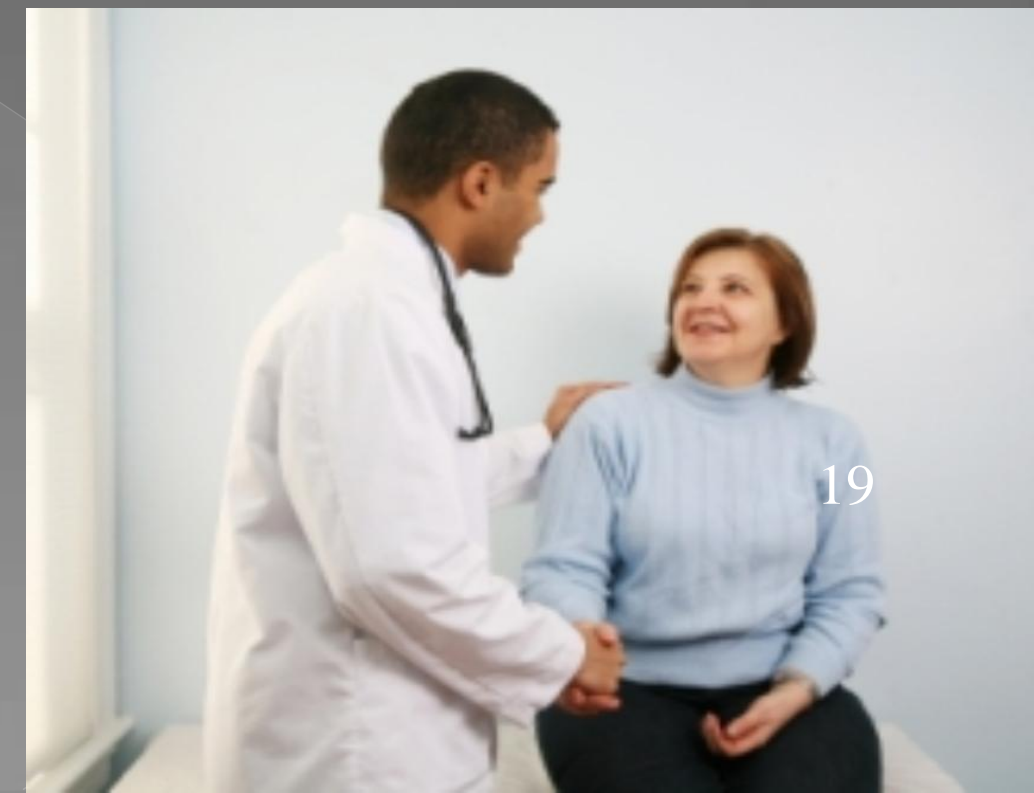
Osteopathic Manipulative Medicine (OMM):(Contd...)

- You should perform it correctly to get all points. You should make sure that patient and physician's position are correct, not exceed more than 5 minutes, and also proper hand placement and your confidence is very important during procedure.
- All patients with musculoskeletal complaints should get OMT but it can be considered for other patients as well.



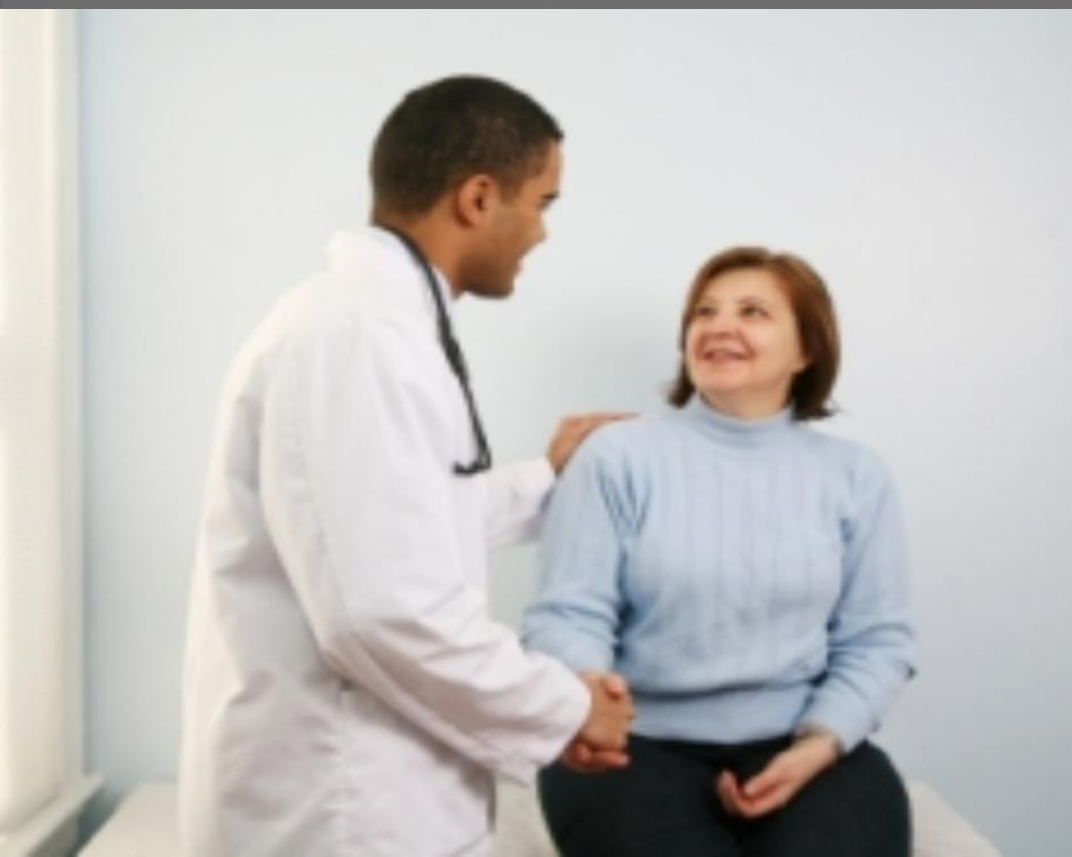
Osteopathic Musculoskeletal Examination:

- **Inspection:** Any skin changes, swelling
- **Range of Motions:** Active range of motions of bilateral involved joint and passive range of motions if limitation to active range of motion detected
- Range of motion and any limitation.
- **Palpation:**
 - Any tenderness, tissue texture changes
 - Chapman points, visceros-somatic reflexes
 - Somatic dysfunction



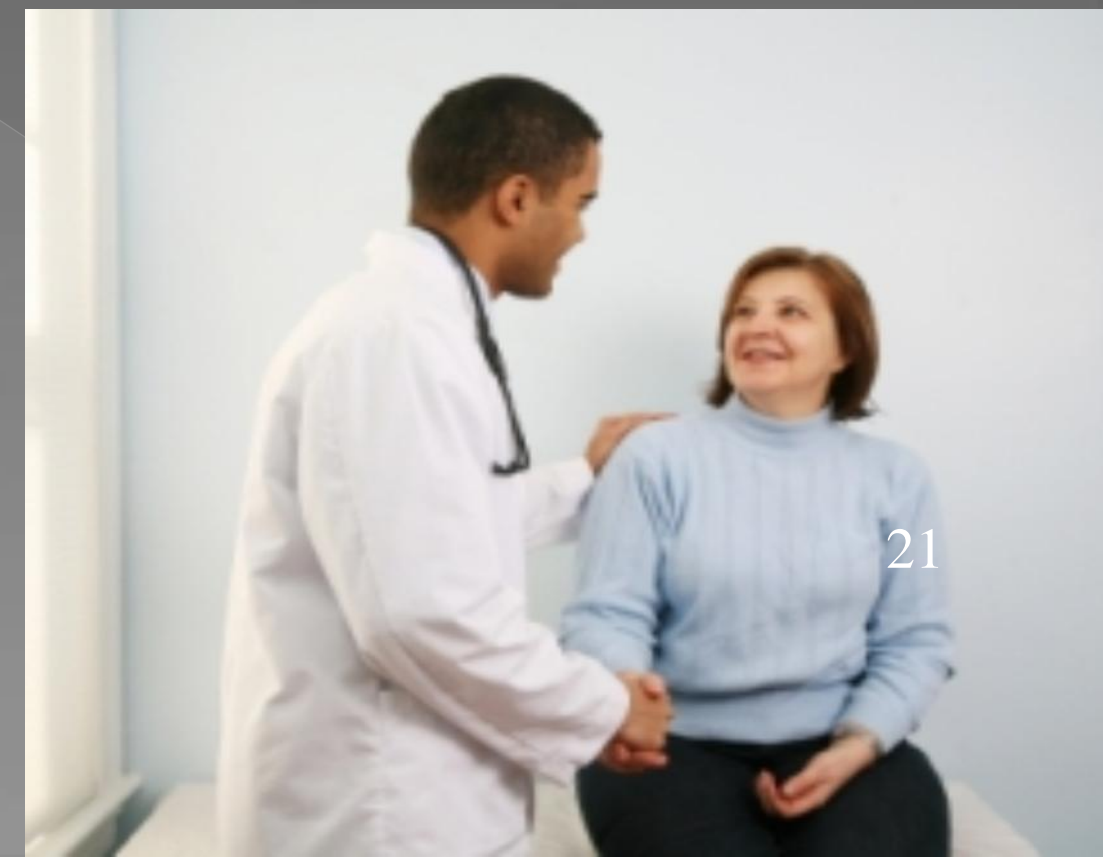
Paraphrasing and Closure checklist

- Discuss diagnostic impressions/ differential diagnoses.
- Discuss initial work up.
- Explain all the investigations and their result in a simplified way.
- Discuss about treatment options.
- Discuss about other problems such as social issues, family support, etc.
- Discuss about next meeting / follow up visit.
- Ask if patient have any other questions or concerns.
- Talk to family and explain, if need be, esp. in pediatric and elderly patients.



General etiquette : Interview

- Knock the door before entering.
- Introduce himself/ herself.
- Make good eye contact, shake hands firmly.
- Don't have cold hands or if you do, then try to warm and apologize for cold hands.
- Ask if they may take notes during history.
- Sit down comfortably, don't look intimidating, or standing on the head asking questions.



General etiquette : interview

- Drape the patient appropriately.
- Respect patients wishes e.g. lights dimmed out.
- Reassure patient or family whenever necessary.
- Offer support and help whenever necessary during history and physical.
- Inform that personal info will remain confidential.
- Ask for permission to start exam.



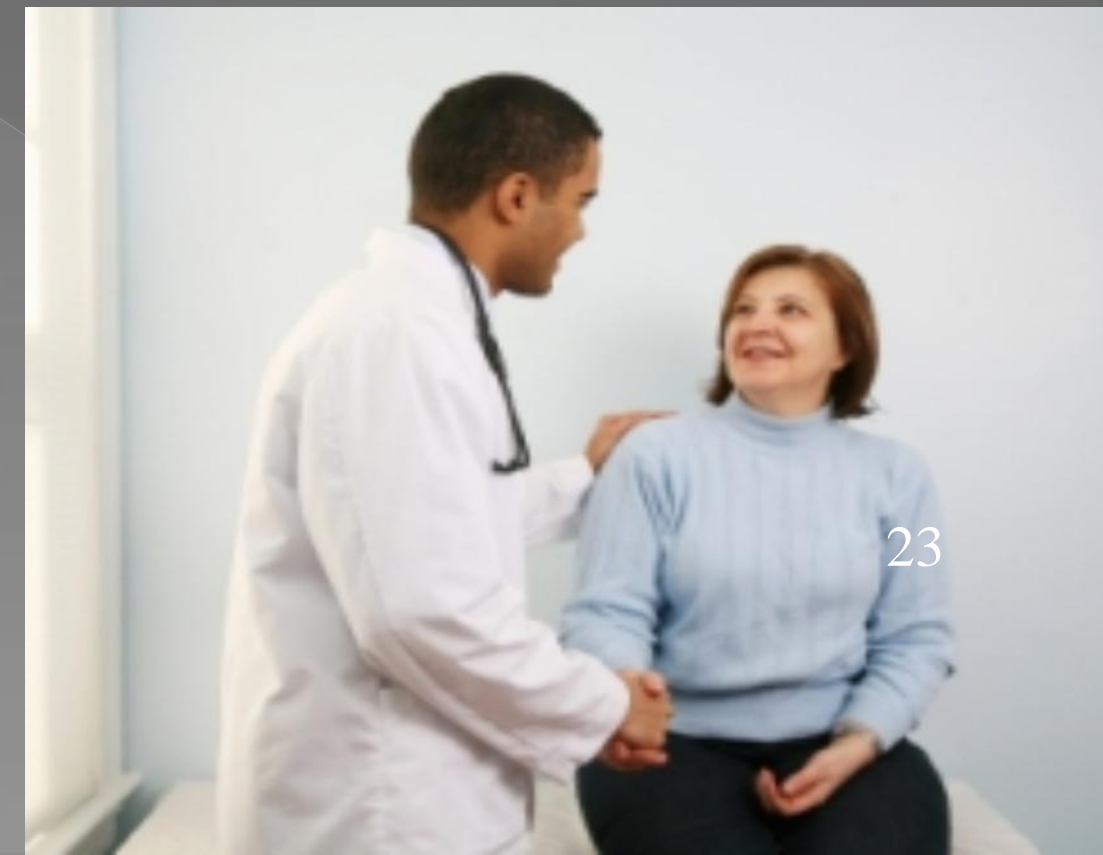
General etiquette : Objective

Hygiene:

- Wash hands before examination.
- Use alcohol swabs to clean the chest piece.
- Change Otoscope covers.
- Use every tips to clean whenever necessary.

Patient's modesty :

- Drape pt. appropriately at all times, only exposing the part that needs to be examine.
- Drape them appropriately at the end of exam.
- Explain any particular examination maneuvers, help patient during these.



General etiquette : Objective

Patient's comfort:

- Do not repeat painful maneuvers.
- Be quick and efficient esp. in cases of pain or where pt. is not very cooperative during exam.
- Help them get back into position.

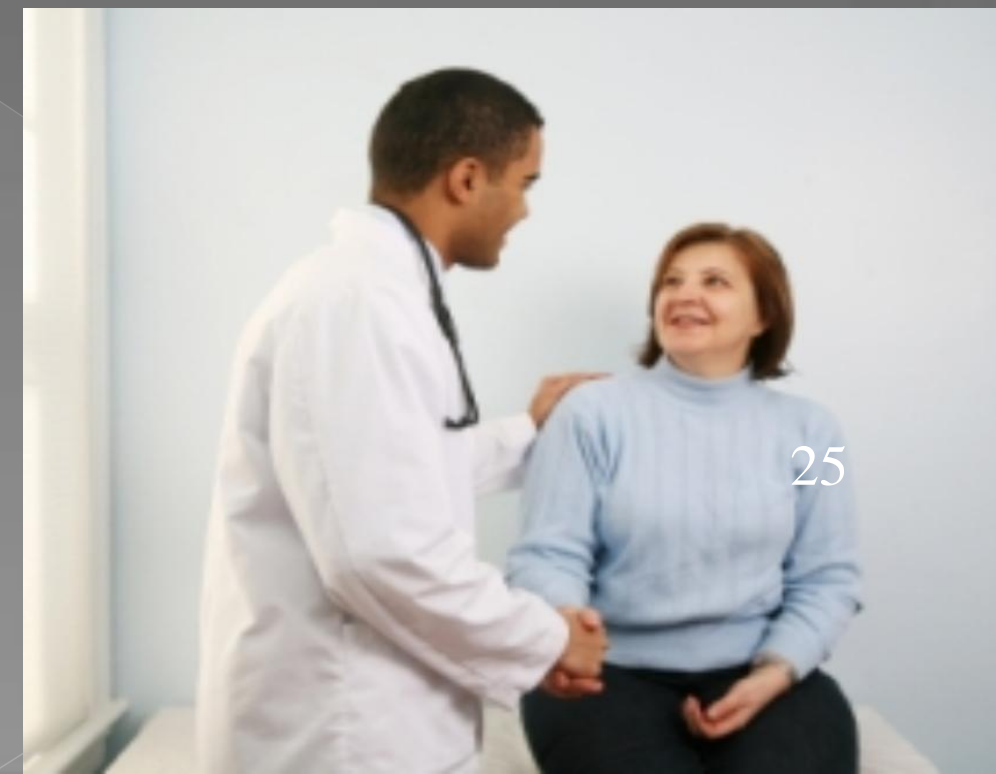
Others:

- Thanks the patient at the end of physical exam.
- Do not do PR, PV and breast exam. Explain if they are needed at a later stage.



Communication checklist

- Speaks slowly and clearly in an accent that most people would understand.
- Uses simple short sentences.
- Is able to explain medical terms in a simplified way if needed.
- Can offer appropriate guidance / counseling in a simple language.
- Uses transition sentences.



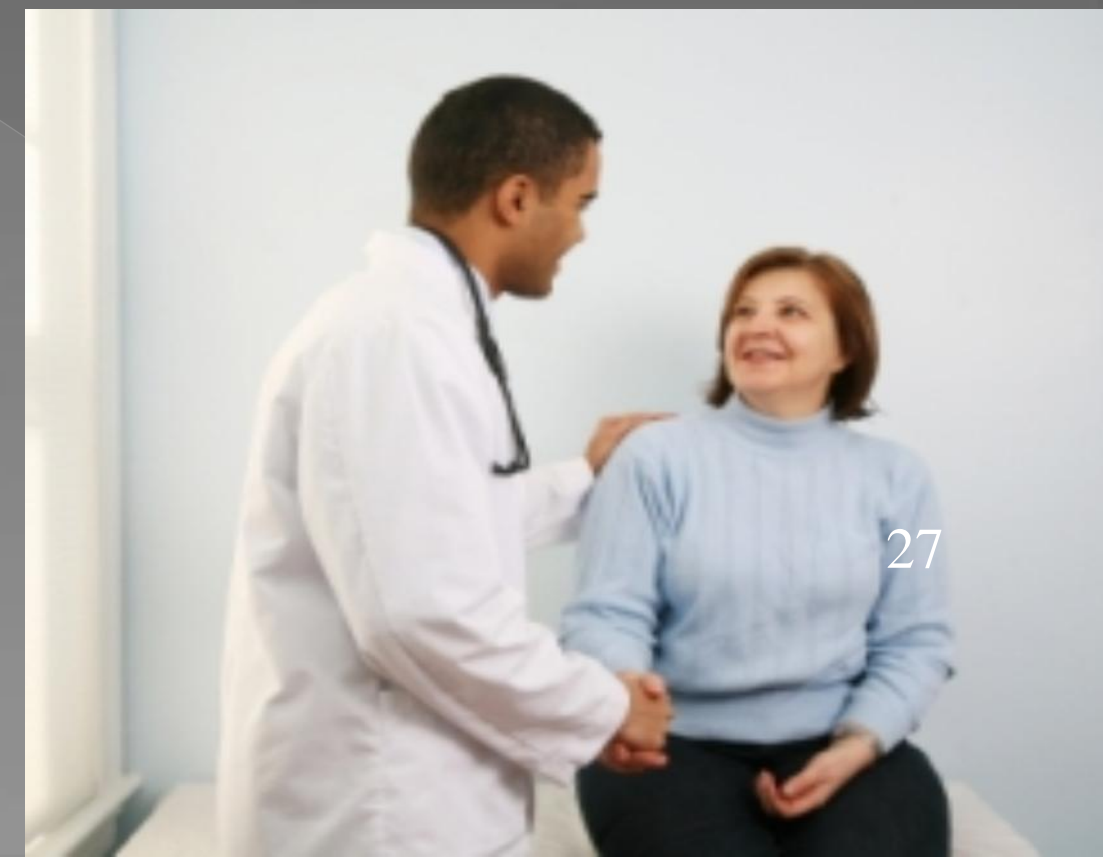
Communication checklist

- Ask permission for things like personal info, physical exam, special maneuvers.
- Give an appropriate closure and addresses all concerns.
- Be not too quick, confusing or intimidating in communication.
- Explains appropriate info to family.



Our goals:

- Always practice with a buddy who can act as your SP. Have them rate you strictly.
- Know your shortcomings/ weak cases and practice them more often.
- Remember, certain areas will always remain weak no matter how much you practice. Try to be well balanced and don't freak out in the middle of exam if you were not as perfect.



Happy Reading

