



Introducing Tina Jones to your Class (Health Assessment)

Here at Shadow Health, we offer assistance for instructors and students. However, we have found the biggest factor that affects the success of courses is you. Our goal is to set you up for success, particular at the pivotal moment of introducing your class to this new technology.

The following resource is meant as a best practice for introducing your class to Tina Jones and for previewing each week's assignment in Shadow Health.



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First Day of Class Presentation – Introduction to Tina Jones

The following resource is meant as a best practice for introducing your class to Tina Jones on the first day of class. Our best practice is to load an assignment with Tina Jones so that you can demonstrate the ease of interaction with her and our other virtual patients.

We have supplementary materials to help give your students an overview of Shadow Health. Here is a video of an instructor modeling and explaining best practices on how to introduce Shadow Health to students, <https://youtu.be/Vs0F3huCMc0?t=43m26s>. You can download her PowerPoint slides and other resources by visiting this link, <http://frc.shadowhealth.com/spring-2016-updates-webinar-fantastic-first-day-workshop/>.

We will cover in-depth the following steps for conducting this presentation:

- 1) [Sign into your Shadow Health instructor account](#)
- 2) [Select an assignment to try as a student](#)
- 3) [Download the Unity Web Player](#)
- 4) [Model virtual patient communication strategies](#)
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1. Sign into your Shadow Health instructor account

You will need to be signed into your Shadow Health instructor account in order to load an assignment in class.

If you have not yet activated your instructor account, please look in your email for a message from donotreply@shadowhealth.com titled “Activate your account”. If you do not see this email, please contact us at <mailto:support@shadowhealth.com>.

You can sign into your activated account by visiting <http://app.shadowhealth.com/>. Your credentials are your institution email address and the password you set when you activated your account.

If you don't remember your password, that's just fine – just click the “Forgot your password link”.



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2. Select an assignment to try as a student

When you sign into your Shadow Health account, you'll be brought to the "My Courses" page.

Click the name of your course, and you'll be brought to its "Course Overview" page. Here, you can see the list of assignments in your course.

Then, click the name of the assignment that you want to load in class. We recommend using the Health History assignment for this introduction.

Click the teal "Try as student" button to load the assignment.

Health History

Health Assessment - Fall 2015 Example Course, NUR 300

[◀ Return to Course](#)

Assignment Overview

[Try As Student](#)



Assignment Description: Interview your first Digital Standardized Patient, Tina Jones, document her comprehensive health history, and complete post-exam activities. Start to finish, this assignment takes an average of 90 minutes to complete.

Dates:

[Manage Assignment Dates](#)

Navigate To:

[Student Results Book](#)

Edit Assignment:

[Name & Description](#)

[Class Stats](#)

[Answer Key](#)

Assignment Dates

Open Date:

[03 Nov 2015, 12:00 AM EST](#)

Due Date:

[31 Jan 2016, 12:00 AM EST](#)

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3. Download the Unity Web Player

You may be prompted to install the Unity Web Player. This is a small, web-based plugin that allows you and your students to manipulate the 3D environment in which our virtual patients live. It is a free download.

If you do not already have the Unity Web Player installed on your campus computer, we recommend doing this before your class session. It is not uncommon that administrator permission is needed to download a web plugin on classroom computers.

UNITY WEB PLAYER

The Unity Web Player enables you to view blazing 3D content created with Unity directly in your browser, and autoupdates as necessary.

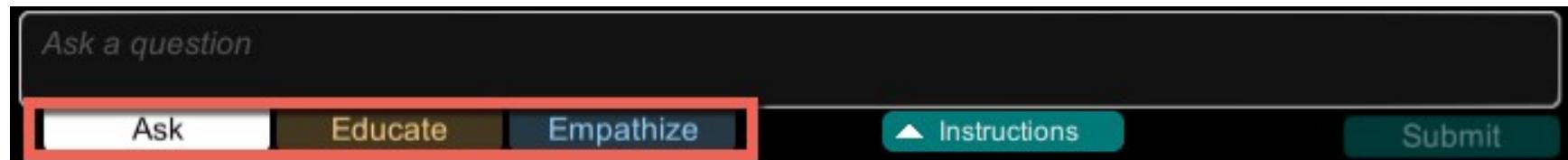
Unity allows you to build rich 3D games with animated characters, sizzling graphics, immersive physics. Then you can deliver the games to the web or as standalone players.

A screenshot of a web page titled "UNITY WEB PLAYER FOR MAC OS X". At the top, there are two tabs: "Windows" (which is dark grey) and "Mac OS X" (which is light grey). Below the tabs, it says "Safari, Firefox". To the right is the Apple logo. Underneath, it says "Requirements: Mac OS X 10.7 or newer". At the bottom left is a teal button with the word "DOWNLOAD" in white, which is highlighted with a red border.

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4.) Model virtual patient communication strategies

On the next page is an example transcript that you can follow when you are introducing Tina Jones to your class. We recommend having the Health History assignment open on your computer, and using the communication box to re-enact this example transcript live with your students. You can use the **communication box** (pictured below) to ask questions as well as make educational and empathetic statements.



-  This icon represents **you** in our transcript. You will see the question or statement you can type to Tina Jones directly to the right of this icon.
-  This icon represents **Tina Jones** in our transcript. You will see her responses to questions or statements directly to the right of this icon.

Below each segment of the transcript, we've added important rationale text that you can share with your students to reinforce key concepts of communicating with virtual patients.

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a. Greeting your patient



Good morning, Ms. Jones! I'd like to introduce you to my class!

Greet

09:58 AM EST



Hey.

Rationale: “I wanted to introduce you to Tina Jones. She can be found in Shadow Health’s Undergraduate Health Assessment program, and will be your simulated patient for the course of the next semester. She is a patient admitted to the hospital who is here to help you hone your subjective and objective assessment skills. She will talk to you and answer your questions, and also allow you to assess her. She will never rush you, and she will never judge you or the questions you are asking, so feel free to take your time and don’t be afraid about asking as many questions as you want to.”

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Notes:

b. Asking open ended questions - reason for visit



Can you tell me what brought you to the hospital?

Question
09:59 AM EST



I got this scrape on my foot a while ago, and I thought it would heal up on its own, but now it's looking pretty nasty. And the pain is killing me!

Rationale: "You're going to want to ask Tina some open ended questions, just like you would when you are first admitting any patient to the hospital. This will allow you to get her impression of what is going on. 'Can you tell me what brought you to the hospital' is usually a good place to start."

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Notes:

c. Providing clarification



Can you rate your pain for me on a scale from 0-10? (Clarified to How would you rate your current pain on a scale of 1 to 10?)

Question
09:59 AM EST



...Like a 7. It hurts a lot, but whatever pain med the ER gave me is helping a little bit.

Rationale: "Tina is telling us she's in pain - and as you can see, she didn't understand the first question I asked, so this box came up asking for a clarification of what I was trying to say. Tina can answer many questions, but sometimes she will need clarification."

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Notes:

d. Asking specific questions and providing context - ER medication



Do you know what medication they gave you?

Question
09:59 AM EST



I don't know what the ER gave me.

Rationale: “You’re going to want to ask Tina follow up questions about her pain like what was she given, quality of the pain, etc. Be specific with her. As an example, in this question, instead of asking ‘do you know what they gave you in the ER’, ask, ‘do you know what medication they gave you’. You may be able to ask a human being “what did they give you”, but when talking to Tina, you need to be more specific and provide context.”

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Notes:

e. Asking additional open-ended questions - current status and medical history



How are you feeling otherwise?

Question
09:59 AM EST



Honestly, I don't feel so hot. My foot really hurts, and I'm not crazy about staying overnight at the hospital. I just want my foot to heal up as fast as it can.



Do you have any other medical problems?

Question
10:00 AM EST



I mean, I have asthma and diabetes, but right now I just care about my foot!

Rationale: "These are more examples of open ended questions to get the patient talking to you, telling you how she's feeling and a little bit more about her history. You can use these open ended questions to get general information, and take what you have learned from the patient's response and ask more pointed, specific questions from there."

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Notes:

f. Providing patient empathy



I'm sorry, Ms. Jones. I know it can be hard to think about anything else when you're in pain.

Empathize
10:00 AM EST



Thanks.

Rationale: "You are going to ask Tina questions, but you are also going to have a chance to empathize with and educate Tina. In the response to our previous question, Tina answers, but then she expresses that she is in terrible pain. So by saying 'I'm sorry, I know it is hard to think of anything else when you're in pain', you are empathizing with the patient and letting her know that you hear her concerns. In order to provide empathy, you are going to want to click on the 'empathize' button and type your response there."

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Notes:

g. Asking specific questions - past medical history



Do you happen to know what your last blood sugar was?

Question
10:00 AM EST



I don't know the number -- the ER nurse just said it was high. Honestly, I have trouble figuring out what the numbers mean.



How often are you checking your blood sugar at home?

Question
10:00 AM EST



I don't check it very often, honestly. . . I think the last time was about a month ago.

Rationale: "Again, you are going to want to ask specific questions about Tina's past medical history and how she manages it. It will become clear to you that Tina will need more education on this topic."

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Notes:

h. Providing patient education



Right now we are going to focus on your foot, but before you go home I promise we will teach you more about your diabetes.

Educate

10:01 AM EST



Thanks for telling me.

Rationale: "You will be able to provide education to Tina by clicking the 'educate' button. You can say something like, 'It is incredibly important to check your blood sugar regularly in order to keep yourself healthy', or some other educational statement to encourage Tina to take more of an interest in managing her condition. In this case, since we are just meeting Tina and this is her health history, I will choose to say something more general, and be more specific with her in the following assessments."

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Weekly Assignment Introductions

The following information is a resource for introducing students to each week's assignment. For each assignment, you'll see pertinent clinical information and example questions that you can review with your students.

For more information about an assignment in Shadow Health, we recommend reviewing the assignment's Answer Key. The Answer Key for each assignment contains that assignment's objectives, instructions, model documentation, exam findings, and post-exam activities. Here is an article from the Faculty Resource Center on how to retrieve the Answer Key for each assignment:

<http://frc.shadowhealth.com/how-to-find-answer-keys-for-shadow-health-assignments/>

Click the name of the assignment below to review its introduction:

- a. [Health History](#)
- b. [HEENT](#)
- c. [Respiratory](#)
- d. [Cardiovascular](#)
- e. [Abdominal](#)
- f. [Musculoskeletal](#)
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Health History

Pertinent Clinical Information:

"Tina Jones is a 28 year old African American female who has been admitted to Shadow General Hospital after a fall at home 2 weeks ago. In the fall, she scraped her right foot. She is seeking medical care because that scrape has become infected and is painful. She has a history of asthma and type 2 diabetes.

This week you will meet Tina and complete a comprehensive review of systems on her. I hope you will enjoy talking with and getting to know her. When taking a health history, whether practicing on Tina or talking with one of your patients in a clinical setting, it is important to be able to identify both pertinent positive and negative findings quickly in order to provide optimal care and create your plan of care for your patients. You will use these skills every day, and we will continue to hone and refine your skill set throughout the semester."

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Notes:

Below are example **Health History** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
What brings you in today?	I got this scrape on my foot a while ago, and it got really infected. It's killing me.
Which foot did you scrape?	My right foot.
Do you have any medical conditions?	Yeah...I have asthma and diabetes.
What type of diabetes do you have?	It's Type 2.
What do you do to manage your diabetes?	I just watch what I eat and try to stay away from sweets.
Do you have any medical issues in your family?	My mom has some issues, and I think some of my grandparents did, too.

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Notes:

HEENT

Pertinent Clinical Information:

"Tina has a couple different things to pick up on during the HEENT exam. First, she has some complaints of worsening vision over the last few years. Vision 20/20 in left eye, 20/40 in right eye. Mild retinopathic changes in the right eye. Acanthosis nigricans noted on neck.

You will be performing an assessment of the Head, Eyes, Ears, Nose and Throat (HEENT) on Tina as well as an assessment of her skin. These assessments are each in their own respect an important piece of the entire picture. By performing a thorough HEENT assessment you can detect things like strokes (uneven smile), cranial nerve damage (asymmetry, as seen in bell's palsy), and hearing loss."

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Notes:

Below are example **HEENT** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
Have you noticed any recent vision changes?	Um, it's probably gotten a little worse in the past few years.
Have you noticed any blurry vision?	It definitely gets blurry or kind of fuzzy when I read. But that's the only time I notice that.

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Respiratory

Pertinent Clinical Information:

"Tina reports asthma and inhaler use, difficulty breathing around cats resolved with inhaler use. Expiratory wheezing, prolonged expiration (LLL, RLL, LML, RML). Muffled voice sounds throughout. No current respiratory distress.

The lungs work in conjunction with the heart to oxygenate the blood, and then circulate that blood through our bodies, thereby keeping us alive. There are many different types of respiratory sounds that you will need to familiarize yourself with – consolidation, wheezing, and decreased breath sounds are among some of the most frequently seen in clinical practice."

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Notes:

Below are example **Respiratory** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
Do you feel short of breath?	No, my breathing is fine right now.
Do you wheeze only when you have an asthma attack?	When I have a full on attack, I wheeze. But I usually use my inhaler before it gets that bad.
Are you wheezing now?	No.
Do you take anything for your asthma?	I just use my inhaler.
What is the name of your inhaler prescription?	It's just a regular Proventil inhaler.
How often do you use the inhaler?	Not often. Maybe two or three times a week.
What is the dosage of your inhaler?	I usually use two puffs from my inhaler, but lately I sometimes need three. [Nurse confirmed with Pharmacy: albuterol 90mcg/spray MDI]
Does your inhaler effectively alleviate your symptoms?	Yeah, it usually helps. But lately I've been using maybe an extra puff - like 3 instead of 2.

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Notes:

Cardiovascular

Pertinent Clinical Information:

"In this assessment, you will find that Tina has decreased peripheral pulses and mild edema (+1) in her right foot. She has no murmurs, gallops, or bruits.

The human heart is one of the most important and complex organs in our bodies. There is a lot to learn in order to be able to assess it properly. We cannot use our eyes for the assessment, so we need to rely heavily on our ears and hands to do the work. It takes a lot of patience and practice to be proficient at differentiating between bruits, murmurs, gallops, and normal heart sounds."

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Notes:

Below are example **Cardiovascular** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
Does your foot tingle?	No, it's not tingling. It just hurts!
Is there any swelling around the wound?	Yeah, it looks swollen around the scrape.
Is your foot throbbing?	Yeah, it's kind of a throbbing pain, but it gets sharp and kind of shooting if I try and put weight on it.

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Notes:

Abdominal

Pertinent Clinical Information:

"Tina has lost 10 pounds this month, is eating more, drinking more, and voiding more. She discontinued taking her metformin on her own about 3 years ago. Protruberant abdomen with striae and normal BS.

Abdominal pain can be a daunting complaint to hear from a patient in your primary care office or hospital setting. The diagnosis can range from something as benign as constipation, to something as acutely serious as pancreatitis or appendicitis. It is important to understand the anatomy and physiology of both normal function and pathologic conditions of the abdomen to enable you to logically rule in or rule out specific conditions on your list of differential diagnoses."

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Notes:

Below are example **Abdominal** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
When were you diagnosed with diabetes?	I was diagnosed when I was 24.
How are you managing your diabetes?	I try to stay active and avoid sugar, and that seems to be working well. I feel better now than when I was taking diabetes medication.
Other than avoiding sugar, do you follow a diabetic diet?	I really try not to worry about what I eat, other than watching my sugar and trying to make healthy choices.
Do you eat any sugary foods?	I try not to eat too many sugary foods because of my diabetes, but sometimes I'll have a treat, like a chocolate bar.
Do you drink sugary drinks?	No. I drink a lot of soda, but only Diet Coke.
Have you been taking medication for your diabetes?	No, I don't take anything for my diabetes anymore.
What are you supposed to be taking?	No one told me to stop taking it or anything, if that's what you mean. I just stopped.
So what medication were you taking?	It was Metformin.

Below are additional example **Abdominal** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
When is the last time you took the metformin?	I haven't taken it in about three years, honestly.
Why did you stop taking the metformin?	I just got sick of dealing with it!
Did the metformin cause any side effects?	The pills made me gassy and sick all the time. It was really uncomfortable.
How often do you check your blood sugar?	I don't check it very often, honestly. . . I think the last time was about a month ago.
What was your blood sugar at that time?	I don't know the number -- the ER nurse just said it was high. Honestly, I have trouble figuring out what the numbers mean.
Do you find that you're often thirsty?	You know, I did notice lately that I've been really thirsty.
Do you drink a lot of water?	Yeah, I've been thirsty lately so I try to drink a ton of water.
Are you urinating frequently?	Yeah, but I've been drinking more water.

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Notes:

Below are additional example **Abdominal** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
Do you get up at night to urinate?	Yeah, I definitely get up more than once during the night.
Have you had any recent changes in appetite?	Yeah, lately I've definitely been much hungrier than usual.
When did you notice the change in appetite?	I guess I started being starving all the time about a month ago. No matter how much I eat, I'm still hungry.
Have you noticed any recent changes in your weight?	Yeah, I've lost some weight recently.
How much weight have you lost?	It was about ten pounds in a little over a month, actually.
Was the weight loss intentional?	No, I'm not trying to lose weight, but I did lose a little recently without meaning to.

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Musculoskeletal

Pertinent Clinical Information:

"Tina's right ankle: 1+ pitting edema, no masses, deformity, or discoloration. 2.5cm round wound noted on the ball of her foot. Right leg is without swelling or deformity. Right ankle is found to have limited range of motion and decreased strength.

The Musculoskeletal exam can be time consuming because it is a large system with a lot of different parts. Back pain and neck pain are some of the most common presenting complaints no matter what setting you work in - whether you are a nurse in the hospital or a primary care office. Discussing functional limitations, symptoms, past or recent injuries as well as using your eyes and hands to do you a physical assessment will give you a nice picture of your patient's motor function."

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Notes:

Below are example **Musculoskeletal** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
Are you able to walk without any problem?	No, I can't. I can't put any weight on it without like, shooting pain
Are you able to work?	I worked most of the week, but two days ago, I had to call in because I couldn't really get around on my foot.
Are you able to reposition yourself in the bed?	I can sit up and everything, but I'd definitely need some help to stand up or walk since my foot is still hurting so bad.
Do you have any joint pain?	No, I don't usually have issues with joints—it's just my ankle.
Do you have any joint stiffness?	My ankle's still kind of stiff from spraining it, but that's all.

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Notes:

Neurological

Pertinent Clinical Information:

"Tina is alert and oriented x3, memory is good, denies numbness, tingling, recent mood changes, or history of depression or mental illness. On exam it is uncovered that Tina does have decreased sensation in both her left and right foot. Neuropathy like this is often seen in diabetic patients – especially in the extremities.

A thorough neurologic exam in order to use it as a screening tool or an investigative tool, and can tell you a great deal about your patient's brain. You will look at sensory and motor responses, reflexes, and talk with them to determine their memory and orientation to time, place, and day. Putting all of the parts of your assessment together will give you a pretty clear picture of your patient's neurologic health."

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Notes:

Below are example **Neurological** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
Have you noticed decreased feeling in your feet?	No, I don't have trouble feeling my feet.
Do you have any numbness or tingling?	No, I don't think so.
Have you noticed any changes in your mood?	No, I'm pretty even-keel. I mean, I have good days and bad days like everybody, but nothing crazy.
Have you ever been depressed?	The closest I ever came to depression was after Dad died...I just felt sad all the time.
Do you have a family history of and mental illness?	No. They're crazy but nobody's diagnosed with anything.

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Notes:

Skin, Hair, and Nails

Pertinent Clinical Information:

"Tina has a 2.5 cm round wound on her right foot. There is edema present, along with discharge. The area is warm to the touch.

The skin is the largest organ in the body. Performing a thorough assessment can tell us a lot about the patient's general physical condition. Cyanosis around the mouth or on the extremities can tell us about their oxygenation status, skin pallor can tell us a great deal about their hemoglobin level, and changes in nail thickness, splitting, discoloration, breaking, and separation from the nail bed may be a sign of a systemic condition."

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Notes:

Below are example **Skin, Hair, and Nails** questions that you can review with your students. Next to each example question, you can find Tina's response.

Example Question	Tina's Response
Where is the pain?	It mostly just hurts right on the bottom of my foot, where it's scraped up.
Which foot is it?	My right foot.
Where is the wound?	It's on the ball of my foot.
Is there any swelling around the wound?	Yeah, it looks swollen around the scrape.
Have you noticed any drainage coming out of the wound?	Yeah, there's definitely pus.
Is there any redness around the wound?	Yeah, it's red all around the scrape.
Does the area around your wound feel warm?	Yeah, it's pretty warm.

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Focused Exam: Cough

Danny Rivera is an 8 year old boy who presents to the nurses office at his school with a cough. He describes the cough as "gurgly and watery".

Pertinent Positives/Negatives on Interview: He has been treating it with cough medicine his mother gives him. It helps, but not for long periods of time. The cough is worse at night and after activity. It keeps him up at night. He also reports a sore throat and frequent rhinorrhea. Danny has had pneumonia within the last year, and he is overweight. He has a history of frequent ear infections as a child. His father smokes at home.

Pertinent Positives on Assessment: Fatigued appearance. Eyes are dull, pink conjunctiva. No acute respiratory distress although his respiratory rate is increased, lungs are clear to auscultation, afebrile. Rhinorrhea is present. Boggy turbinate. His throat appears red with visible cobblestoning in the back. Mild tachycardia.

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Below are example **Focused Exam: Cough** questions that you can review with your students. Next to each example question, you can find Danny's response.

Example Question	Danny's Response
What brings you to the nurse's office today?	My music teacher Mr. Hillman sent me here because he said I look sick. I have been coughing a lot. . . and I feel kinda tired.
When did your cough start?	I think the cough started two . . . No, it started three days ago.
How would you describe your cough?	My cough seems kind of gurgly and watery.
Does your cough produce mucus?	Is that the gross, slimy stuff? Yeah, I've been coughing some of that up. It's clear.
How frequently are you coughing?	I just keep feeling like I have to cough every couple minutes or so. I think it gets worse at night.
What makes the cough worse?	My cough stays the same. I just felt tired during recess, so I went inside to use the classroom computer.
Does anything make your cough better?	The only thing that makes it a little better is the medicine my mom gave me.
What medications do you take?	My mom gave me some medicine this morning. . . that helped my cough a little. I don't remember what it was called though, sorry.
Do you smoke?	No way! I know smoking is really bad--even for grown-ups. Papi smokes cigars sometimes. I don't like how they smell.
Is your nose running?	My nose is always a little bit runny... but ever since I started coughing it's been worse, I think.
What color is your snot?	You mean like when I blow my nose? It's clear.

Recommendation: The nurse recommends that someone comes to pick Danny up from school. He should go home and rest and given cough medicine as needed. He should see his primary care provider to rule out asthma.

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Focused Exam: Chest Pain

Brian Foster is a 58 year old man who is 3 days post-operative after a successful prostatectomy due to benign prostatic hypertrophy. He is complaining of 6/10 chest pain that began approximately 15 minutes ago. He describes his pain is a “squeezing pressure” in his chest that is constant and increasing in severity.

Pertinent Positives/Negatives on Interview: He denies that the pain radiates, but does report some pain in his left shoulder. He is also reporting nausea, anxiety, and clamminess. He denies emesis, shortness of breath, or palpitations. He denies difficulty with urination or any problems with his surgical site.

Pertinent Positives on Assessment: Elevated respiratory rate, evident distress, slight palor, diaphoretic, S4 present, occasional PVCs on monitor.

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Notes:

Below are example **Focused Exam: Chest Pain** questions that you can review with your students. Next to each example question, you can find Brian's response.

Example Question	Brian's Response
What brings you to the hospital today?	I was here for a prostatectomy, but now my chest is hurting...
Where does your chest hurt?	I feel it mostly in the middle of my chest, over my heart. There's a little bit of pressure in my left shoulder but it's the chest pain that's really worrying me.
What does the pain feel like?	Well, it mostly feels like pressure. Like a heavy, squeezing pressure right in the middle of my chest.
When did you first notice this pain?	Only about fifteen minutes ago.
Have you ever felt pain like this before?	No, I've never felt this kind of sensation before. It's like a heavy pressure inside my chest. No, I've never felt this kind of sensation before. It's like a heavy pressure inside my chest.
Is the pain constant?	Yes, I guess it is. It hasn't let up.
Have you been able to do anything to relieve the pain?	I didn't take anything, the only relief I've gotten was when I sat down to rest for a few minutes.
How would you rate your current pain on a scale of 1 to 10?	I'd say maybe a...6? It's just really uncomfortable...like there's nothing I can do about it, and it feels like it is getting worse.
Does anything make the pain worse?	I really don't know yet. It just started.
Are you feeling short of breath?	No, I can breathe just fine.
Are you having any abnormal heartbeats?	I don't think so. I haven't noticed any.

Recommendation: Mr. Foster requires emergency intervention as per hospital guidelines.

Hello Mr. Brain, I am Jamilah Ali a graduate NP student at California State-LA and a registered nurse. I will be taking care of you today.

what brings you here today?

where does your chest hurt?

I'm sorry you're having these symptoms; chest pain can be uncomfortable and stressful. It's good that you came in today so we can see what is causing your discomfort." Empathy

what does the pain feel like?

when did you first notice this pain?

is the pain constant?

have you ever felt like this pain before?

have you tried anything to help ease the pain?

what makes your pain worse?

have you taken medication for the pain?

Can you rate your current pain level on a scale of 0 to 10?

are you feeling short of breath?

Have you experienced any abnormal heartbeats?

do you feel tired more than usual?

do you feel nauseated?

are you sweaty?

do you have any swelling?

do you have any eye, ear issues?

do you have any cough?

do you have any sore throat

What health problems do you have?

When were diagnosed?

do you see a doctor for your hypertension?

It's good that I know you have been diagnosed with hypertension and high cholesterol, because those conditions can cause additional heart problems. I would like to find out more about your diagnosis and treatment of those conditions."

education

what medication do you take?

what is the dosage of your blood pressure medication?

what is the dosage for your cholesterol medication?

what dosage of fish oil you take?
do you monitor blood pressure at home?
have you had a heart test?
how were your test results this year?
do you have any allergies?
did you have any surgeries?
what immunizations have you had?
what is your normal level of activity?

"Exercise is important for everyone, and particularly for people with high blood pressure and cholesterol. Let's talk about some healthy forms of exercise that you would be interested in trying."

Education

How is your diet?

Paying attention to your diet is a great start. It's best to make sure you're eating veggies, fruits, and whole grains, and lean proteins like fish or chicken."

Did you gain weight?

Gaining some weight over the years is very common. It's a good idea to try to keep your weight in a healthy range. Things like moderate exercise and watching caloric intake can help keep you at a healthy weight."

Education

are you having bowel movements
have you been feeling stressed lately?
Have you ever had a heart attack?
does heart disease run in your family?

Thank you for sharing your family health information. It's important that we know about any risk factors, so that you can make healthy choices to keep those risks low."

do you smoke?
have you ever had illicit drugs?
do you drink alcohol?
how is your fluid intake?
do you have kids?

Are you married?

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Notes:

Notes:

Pt. reports "I have been having some troubling chest pain in my chest now and then for the past month." Experiencing periodic chest pain with exertion such as yard work as well as with overeating. Points to midsternum as location. Describes pain as "tight and uncomfortable." Denies radiation. Pain lasts for "a few" minutes and goes away when he rests. Most recent episode was three days ago after eating a large restaurant dinner. States "It has never gotten 'really bad'" so didn't think it was an emergency, but is concerned after three episodes in one month and wants his heart checked out. Reports mild cramping in legs with activity. Denies shortness of breath, indigestion, heartburn. Denies chest pain at this time.

Mine

58 years old cocasian male,civil engineer, spaks English and Spanish, Lutheran. married. he is states that " he is havig troubling chest pain in my chest now and then for the past month" the pain is 5/10 located in the middle chest area non-radiating. Brain described pain as "tight and uncomfortable" pain started earlier this month x3 episodes usually resolves after couple of minutes and worsens with actvity like yard work or taking stairs, he denies any relife mesures or medications. denies feeling nauseous, sweaty, fatigue, shortness of breath, cough or sore throat. He drinkes at least a 1 L of water daily eats 3 meals a day tries to avoid soudiom and fats he also eats stakes and burgrs occasionally snacks granola and french fries. Medical History: Hypertention stagell for 1 year ,dyslipdemia for 1 year adhereing to 6 months visits with annual stress tests, and ECG Surgical: no surgical history. allergies: confirmees codeine allergy vomit and nausea, denise allergy to food, enviromental factors or latex. immunazations: not sure medications: metaprolol 100mg PO daily atrovastatin 0 mg at bedtime last does at 10 pm. Omega 3- fish oil 1200 mg last taken 8 am. Socail history: life is low stress at home and work usually only worried about the chest pain. he denies regular exercise used to ride a bike. denies smoking, substance use, drinks 2-3 beers per weekend. stright, married for 27 years. father of 2 a boy 26 and a girl 19 yeas old. Family history: Father: Hypertention, hyperlipdemia, obesity, died of colon cancer. 75 years old mother: hypertntion, diabetes 2 age 80 grandparents: maternal gradfather died of heart attack , sister 52 year old with hypertntion and Diabates 2.

O:

General Survey: 58 year old male is alert and oriented, with clear speech and in no acute distress. • Cardiac: S1, S2, without murmurs or rubs. PMI displaced laterally. S3 noted at mitral area. • Peripheral Vascular: Right side carotid bruit. JVP 3cm above sternal angle. Right carotid pulse with thrill, 3+. Left carotid pulse without thrill, 2+. Brachial, radial, femoral pulses without thrill, 2+. Popliteal, tibial, and dorsalis pedis pulses without thrill, 1+. Cap refill less than 3 seconds - 4 extremities. • Respiratory: Breathing is quiet and unlabored. Breath sounds are clear to auscultation in upper lobes

and RML. Fine crackles/rales in posterior bases of L/R lungs. • Gastrointestinal: Round, soft, non-tender with normoactive bowel sounds in 4 quadrants; no abdominal bruits. No tenderness to light or deep palpation. Tympanic throughout. Liver is 7 cm at the MCL and 1 cm below the right costal margin. Spleen and bilateral kidneys are not palpable. • Neuro: Alert and oriented x 3, follows commands, moves all extremities. • Skin: Warm, dry, pink, and intact. No tenting. • EKG (interpretation): Regular sinus rhythm. No ST changes.

Mine

Mr. Foster presenting with a tightening central chest pain 5/10 over last month x3 episodes lasting couple of minutes resolving without intervention and worsens with activity. General appearance: looking calm and relaxed, not distressed, slightly pale. Cardiac: no JVD, normal capillary refill <3 Sec, PMI displaced laterally brisk and tapping less than 3cm, no edema in all extremities, slight cyanotic finger and toe nails. Right carotid thrill +3 left carotid no thrill +2. brachial, radial and femoral no thrill +2 bilaterally. diminished +1 no thrill popliteal, tibial and dorsalis pedis pulses both sides. Right carotid bruit, no bruits in aortic or lower extremities arteries. S1 and S2 present S4 gallop heard. Good skin turgor skin warm, dry no tinting. ECG: normal sinus rhythm no ST elevation. Respiratory: chest symmetrical, trachea midline, respiratory sounds present, fine crackles at posterior lower lobes bilaterally. Abdomen: symmetrical, flat, normoactive bowel sound X4, no friction rub over liver or spleen, no masses, no tenderness, no guarding, no distention. Liver palpable at 1cm below margin. tympanic x 4 quadrants. Liver span at midclavicular line 7cm. Normal bowel movement daily.

A:

Based on the abnormal findings during cardiovascular and respiratory auscultation, my differentials include coronary artery disease with stable angina; congestive heart failure; carotid disease; aortic aneurysm; pericarditis; or GERD.

Stable angina

P:

Mr. Foster should receive a 12-lead ECG, chest x-ray, and lab workup (cardiac enzymes, electrolytes, CBC, BNP, CMP, Hgb A1C, lipid profile, and liver function tests) to confirm a diagnosis. He should be referred for an echocardiogram, exercise stress test, and carotid dopplers as well as a consult with a vascular surgeon for carotid evaluation. Mr. Foster should be prescribed diltiazem and a diuretic in addition to his daily Lopressor and Lipitor. If needed, add an ACE inhibitor to manage his hypertension and PRN nitroglycerin for chest pain that does not subside with rest.

Mine

refer to cardiologist. refer to vascular. instruct patient to avoid exertion till cardiology consultation. educate patient on dietary modification to rich fruits, vegetables, whole grains, low fat diet reduce intake of fats and trans fats. educate patient on hypertension and hyperlipidemia control. Coronary angiography. stress testing results evaluation. metabolic panel, lipid panel, cardiac biomarkers. Echocardiogram. Chest X-ray. Nitroglycerin 1 sublingual at onset and repeat every 5 min max 3 sublingual over 15 minutes. visit nearest ER if pain unrelieved by medication, getting worse.

Empathy

Education

Reflection

careful data clustering and relying on relevant negatives and positives. through assessment. referring to guidelines

2- pertinent positives: S3 present, Rt carotid Bruit, Fine posterior crackles, diminished lower extremities pulses +1, chest pain relieved by rest aggravated by exertion. history of hypertension and hyperlipidemia. pertinent negatives: absence of ST elevation, appetite change, cough, edema, sudden onset,

3- I believe I learned I need to consider possible differentials and closely rule them out instead of fixating on one diagnosis. further effort needed to pick best diagnostic tests and medications.

Focused Exam: Abdominal Pain

Esther Park is a 78 year old Korean American woman who presents to the Emergency Department with persistent, generalized abdominal pain she rates at a 6/10. She reports that the pain started almost one week ago, and has gotten progressively worse. She describes the pain as dull and crampy.

Pertinent Positives on Interview: Decrease in appetite over the last week, an episode of mild diarrhea, then a lack of regular bowel movements since the diarrheal episode. Low fiber diet. History of abdominal surgery: c section at 40 years old and a cholecystectomy at 42 years old.

Pertinent Positives on Assessment: Asymmetrical appearance on the abdomen due to distention in the left lower quadrant, abdominal tenderness, scattered dullness upon percussion, upon palpation, a rope like mass consistent with fecal matter in the left lower quadrant. Bowel sounds are normoactive in all quadrants.

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Notes:

Below are example **Focused Exam: Abdominal** questions that you can review with your students. Next to each example question, you can find Esther's response.

Example Question	Esther's Response
What brings you to the hospital today?	I have pain in my belly. . . and I'm having some difficulty with going to the bathroom. My daughter was concerned.
What do you mean when you say you've had some difficulty going to the bathroom?	I haven't. . . moved my bowels in several days, other than a digestive upset a few days ago.
When was your last bowel movement?	That was a few days ago. When I had a digestive upset. Diarrhea.
When did you have the diarrhea?	That must have been two. . . no, three days ago. It lasted for a day.
How long did the diarrhea last?	It came on all of a sudden and only lasted a day--a few bouts of it over the course of a day.
How many days did you have the diarrhea?	A few times, just for that one day. Three or four times. Something like that.
Have you ever been constipated?	I don't usually have problems with this, but other than my. . . digestive upset. . . a few days ago, I haven't. . . moved my bowels at all in five days.

When did your stomach pain start?	it all started. . . about five days ago. When I started having trouble going to the bathroom.
Has the stomach pain changed?	Well, the type of pain never changes. And it's always in the same place. But it did get worse two or three days ago.
Is the pain in a specific spot?	It's mostly in the lower part. Down in my lower belly.
How would you rate your current pain on a scale of 1 to 10?	Right now. . . 6 out of 10.
How would you describe your pain?	I'd say it's crampy and. . . a dull, crampy feeling.
Is the pain constant?	Yes. Certain things can make it a tiny bit better or a tiny bit worse, I suppose. But it's always there.
What relieves your pain?	When I rest and try not to move much, I feel better. But the pain is still there.
What makes your pain worse?	Moving around certainly doesn't help. Neither does eating.

Recommendation: A digital rectal exam, pelvic exam, and urinalysis. Increase fluids, increase fiber in her diet, increase exercise. Monitor closely.

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Notes:

Educations

Fibers

"Keeping an eye on your fiber intake is a great start. The USDA recommends that adults eat around 28 grams of fiber per day, which is several servings of fruits, vegetables, and whole grains. Let's talk about ways for you to get a little more fiber in your diet."

HTN

I understand not wanting to take many medications. However, some medications can help reduce pain, relieve symptoms, and keep you healthy in the long-run."

It sounds like you stay physically and socially active. That's great!"

Sex

"Thank you for sharing this personal information. It will help me determine if any part of your abdominal pain is caused by sexual activity."

Empathy

Losing a child.

"I'm so sorry to hear about this. It must have been a painful situation for you. Thank you for sharing."

Losing husband

"I'm sorry that your husband passed away. It sounds like you have a wonderful relationship with your daughter and son. I'm happy to hear that you have a strong support system in your children."

Docs

S:

Me

78 years old Koren Amarican Female, presents to the clinic with chief complaint of Abdominal pain "I have pain in my belly and I am having some difficulty going to the bathroom" History of present illness: Pain started at 2/10 and intensified 2 days ago total onset is 5 days ago. pain is 6/10 continuous, dull, crampy generalized in abdomen but felt most in the lower abdomen quadrants, relieved by rest and aggravated by eating or movement. denies taking pain medications, chest pain, vomiting, nausea, heartburn, indigestion, previous GI problems and constipation. pain limited activity and causing low energy, last bowel movement 2-3 days ago diarrhea. Medical History: hypertension allergies: allergic to latex denies other food and medication allergies. Immunizations up to date Hospitalizations: for surgeries and 2 child birth. Surgical history: Gallbladder removal at age 42. C-section at age 40. Social Hx: widowed, has 2 kids and son and a daughter. sexually active with a friend. denies smoking, substance use, drinks a glass of wine once a week.

Them

Ms. Park reports that she is "having pain in her belly." She experienced mild diarrhea three days ago and has not had a bowel movement since. She reports that she has been feeling some abdominal discomfort for close to a week, but the pain has increased in the past 2-3 days. She now rates her pain at 6 out of 10, and describes it as dull and crampy. She

reports her pain level at the onset at 3 out of 10. She is also experiencing bloating. She did not feel her symptoms warranted a trip to the clinic but her daughter insisted she come. She describes her symptoms primarily as generalized discomfort in the abdomen, and states that her lower abdomen is the location of the pain. She denies nausea and vomiting, blood or mucus in stool, rectal pain or bleeding, or recent fever. She denies vaginal bleeding or discharge. Reports no history of inflammatory bowel disease or GERD. Denies family history of GI disorders. Her appetite has decreased over the last few days and she is taking small amounts of water and fluids. Previously she reports regular brown soft stools every day to every other day.

O:

Me

78 years old Koren American, widow mother of 2 kids complaining of abdominal pain and difficulty going to the bathroom x 5 day. alert oriented x3. HEENT: symmetrical head, flushed cheeks, oral mucosa pink moist, teeth present, good hygiene. Cardiac: S1, S2 present no murmurs or gallops. Respiratory: breath sounds present bilaterally, no adventitious sounds Gastrointestinal: distended, asymmetrical abdomen with suprapubic surgical incision C-section, Rt upper Quadrant horizontal surgical incision gallbladder. bowel sounds present nonreactive X4 , no friction rub over liver or spleen. liver palpable at 1cm spleen not palpable. no bruit heard in aortic , iliac or femoral arteries. aortic pulsation at 2cm, some areas dull on percussion, liver span 7cm, Lt.lower quadrant tenderness with 2x4 cm firm oblong mass, gurgling or distention. Diet: fluid intake six glasses a day, light koren meals, one vegetable for fibers intake low intake "fiber". reports decreased appetite due to abdominal pain. Genitourinary: no CVA tenderness, urinary bladder and kidneys not palpable, no renal artery bruit, normal pelvic exam no masses , tenderness or inflammation. no hemorrhoids, fissures fecal mass ejected at rectal vault. urinalysis: dark yellow , normal odor urine, PH 6.5, SG ,017. Peripheral vascular: lower extremity no edema, skin: warm , dry , no tenting.

Them:

Mrs. Park's bowel sounds are nonreactive in all quadrants, with no bruits or friction sounds. Scattered dullness in LLQ during percussion is suggestive of feces in the colon; otherwise, her abdomen is tympanic. Her abdomen is soft to palpation; mild guarding and oblong mass suggesting feces were discovered in LLQ. No CVA tenderness; liver span 7 cm @ MCL; no splenic dullness. Digital rectal exam revealed a fecal mass in the rectal vault. No abnormalities were noted during the pelvic exam, so pelvic inflammatory disease is not suspected. Ms. Park's urinalysis was normal, which rules out a urinary tract infection. No signs of dehydration or cardiovascular abnormalities. Mrs. Park's symptoms and health history suggest she has constipation. Differential diagnoses are constipation, diverticulitis, and intestinal obstruction.

A:

Me:

present positives: asymmetrical abdomen, distension and tenderness on Lt lower quadrant, decreased appetite 1 week, low fiber intake, history of abdominal surgeries, irregular bowel movements , mild diarrhea episode, dullness scattered on percussion. Dx: Bowel obstruction by fecal matter

Them:

Mrs. Park's bowel sounds are nonreactive in all quadrants, with no bruits or friction sounds. Scattered dullness in LLQ during percussion is suggestive of feces in the colon; otherwise, her abdomen is tympanic. Her abdomen is soft to

palpation; mild guarding and oblong mass suggesting feces were discovered in LLQ. No CVA tenderness; liver span 7 cm @ MCL; no splenic dullness. Digital rectal exam revealed a fecal mass in the rectal vault. No abnormalities were noted during the pelvic exam, so pelvic inflammatory disease is not suspected. Ms. Park's urinalysis was normal, which rules out a urinary tract infection. No signs of dehydration or cardiovascular abnormalities. Mrs. Park's symptoms and health history suggest she has constipation. Differential diagnoses are constipation, diverticulitis, and intestinal obstruction.

P:

Me:

Abdominal X-ray increase exercise increase fiber intake. increase fluid intake close monitoring pain medication.

Paracetamol 1000 tab prn. follow up if nausea, vomiting , pain worse

Them:

Mrs. Park should receive diagnostic tests to rule out differentials: CBC to assess for elevated WBCs associated with diverticulitis, electrolyte profile to evaluate electrolyte and fluid status, and a CT scan to assess for obstruction. If Mrs. Park has diverticulitis I recommend IV fluids and bowel rest. If she has bowel obstruction, I recommend NPO, IV fluids, and general surgical consult. If she has constipation, I recommend that she increase fluids, increase fiber, and increase activity as tolerated.

Flat , symmetrical, scarring ,+ve gurding, distentionlight palp,urinalysis no additional substance only normal , mouth pink moist.

Comprehensive Assessment

Tina Jones presents for a pre-employment physical. Today, she denies any acute concerns. She is feeling healthy, is taking better care of herself, and is looking forward to beginning her new job. There are no abnormal findings to uncover in this assessment.

Recent Healthcare Visits:

- Discharged from the hospital 6 months ago after an infected foot wound.
- 4 months ago she saw her gynecologist for a pap smear and was diagnosed with PCOS for which she was prescribed oral contraceptives.
- She is controlling her type 2 diabetes with diet, exercise, and metformin, which she restarted 5 months ago.
- She had an eye exam 3 months ago.
- Last dental exam 5 months ago.

In this assignment, your students will go though and take a health history, review of systems, and physical assessment in order to gather subjective and objective data. Encourage them to start at the head and move downward in both their interview and assessment in order to keep the clinic visit organized.

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