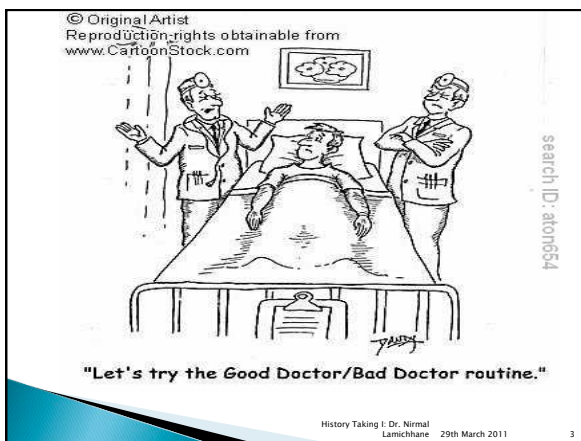


Objective

At the end of this lecture student will be able to:-

- ▶ Enumerate steps in taking history.
- ▶ Perceive salient features of a Good Doctor.



Ethical Principles

1. **Nonmaleficence** (First do no harm)
2. **Beneficence** (do good)
3. **Autonomy** (Respect for Persons)
4. **Justice** Treat others equitably, distribute benefits/burdens fairly.

Introduction

The Four Tasks

The Three Phase

The Four Tasks

1. Build a Therapeutic Alliance

2. Obtain the History

3. Interview for Diagnosis

4. Negotiate a Treatment Plan and Communicate it to the Patient

The Three Phase

1. Opening Phase (5 to 10 minutes)
2. Body of the History (30 to 40 minutes)
3. Closing Phase (5 to 10 minutes)

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Steps in taking history.

1. Identification of patient
2. Chief complaints (in chronological order)
3. History of present illness (HoPI)
4. Past History
5. Family history
6. Personal History
7. General physical examination
8. Systemic examination
9. Provisional or Tentative diagnosis
10. Differential diagnosis
11. Investigations
12. Treatment plan

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Identification of patient

- Name :
- Age:
- Date of Birth:
- Sex:

	Self:	Mother:	Father:
Address:			
Religion			
Education			
Occupation			

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- Date of admission:.....
- Place of admission: ER/OPD/Others (specify).....
- Source of Referral:
- Contact person:
- Relation to patient:
- Source of history:.....
- Reliability/Adequacy:

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Chief complaints

- **Chief complaints:** (in chronological order)
- **Total duration of illness (TDI):**

Mode of Onset:

Course:.....

verbatim recording of the patient's reason for seeking treatment or evaluation.
in the patient's own words

HISTORY

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History of present illness (HoPI):

According topatient was apparently alright.....back

- a chronological description of how symptoms in the current episode have unfolded over time.
- determine not only the nature of symptoms, but also when they emerged and how they have progressed.
- characteristics of symptoms should be described in detail; small distinctions may be diagnostically useful.
- E.g. patient suffers from insomnia is less useful than describing the insomnia.

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Past History

History of Past illnesses: Past treatment History

- all previous illnesses whether treated or not.
- should begin with the symptoms and progress chronologically.
- obtain the fullest possible information on prior treatments.
- The best predictor of treatment response is past experience.
- Therapeutic benefits and adverse effects should be noted.

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•**Family history:**

- 1.Genogram:
- 2.Consanguinity:
- 3.Socioeconomic history:

Family Tree (Pedigree): Should know age, sex, health of each family member.
 Type of family(Nuclear/Joint)
 Socio-economic status
 Family history of:
 Physical Illness
 Mental Illness
 Relationship with patient and among family members.

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1.Genogram:

is like a multi-layered family tree
 it shows multi-generational patterns.
 is a pictorial display of a person's **family relationships** and **medical history**.

Legend:
 ○ = Female
 □ = Male
 ▨ = Person Suffering from a Mental Illness
 ▩ = Person involved in the criminal justice system
 — = Victim
 ⊘ = Divorced
 ⊙ = Deceased
 ⊞ = Substance or Drug Abuse Problem
 ⊚ = Substance or Drug Abuse Problem

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Common disorders expressed in families

- Hyperlipidaemia (ischaemic heart disease)
- Diabetes mellitus
- Hypertension
- Myopia
- Alcoholism
- Depression
- Osteoporosis
- Cancer (bowel, ovarian, breast)

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Socioeconomic history

Usually, the social history seems least relevant for diagnosis and therefore physicians most frequently shorten or omit it. However, learning about a patient's daily life, how the current illness is affecting it, and what social supports the patient can call on for assistance are particularly important when trying to fashion an effective treatment for the patient.

Description of a typical day in the patient's life and how the present illness affects it, social supports (family, friends, and colleagues) available to the patient, and occupational history


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Personal History:

- Birth history: NVD / C-section / Home/Hospital / Assisted / Unassisted / Complications (specify)
- Antenatal History
- Natal History
- Post Natal History
- Developmental history
- Dietary History
- Immunization
- Personal/ education /Occupation

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Occupational disease



- Asbestos workers, builders: asbestosis, mesothelioma
- Coal miners: coal worker's pneumoconiosis
- Gold, copper and tin miners: silicosis
- Farmers, vets, slaughterhouse workers: brucellosis
- Aniline dye workers: bladder cancer
- Healthcare professionals: hepatitis B

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Travel-related risks

- Viral diseases**
 - hepatitis A, B and C
 - yellow fever
 - rabies
 - polio
- Bacterial diseases**
 - salmonella
 - shigella
 - enteropathogenic *Escherichia coli*
- cholera
- meningitis
- tetanus
- Lyme disease
- Parasite and protozoan diseases**
 - malaria
 - schistosomiasis
 - trypanosomiasis
 - amoebiasis

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History Taking Techniques

One of the essential qualities of a physician is the interest in humanity, for the secret in the care of the patient is in caring for the patient.

FRANCIS WELD PEABODY
 1881-1927

Dr. Nirmal Lamichhane
Academic Director

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Objective


At the end of this lecture student will be able to:-

- ▶ Perceive salient features of a Good History.

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Doctor: I have some bad news and some very bad news.
Patient: Well, might as well give me the bad news first.
Doctor: The lab called with your test results. They said you have 24 hours to live.
Patient: 24 HOURS! That's terrible!! WHAT could be WORSE? What's the very bad news?
Doctor: I've been trying to reach you since yesterday.


Sardar: Doc saab, mein Chashma laga ke pad to sakoonga?
 Doc: Haan, bilkul.
 Sardar: To phir theek hai doc saab varna Anpad aadmi ki zindagi bhi koi zindagi hai.



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INTERVIEWING TECHNIQUES AND HISTORY-TAKING

The Art of Interviewing




- The interaction of a doctor and patient during the medical interview is a marvelous mixture of art and science.
- The art is the interaction of two unique human beings;
- The science is the interaction of the biologic and behavioral bases of medicine.
- Each physician must develop an interviewing technique that is comfortable and true to his or her own personality.

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Interviewing techniques and history-taking.....

- ❑ Interview style also necessarily varies according to the particular patient.
- ❑ Some patients are talkative, others come right to the point, and still others are mute.
- ❑ Some patients want to be passive, a few are not.
- ❑ The doctor needs to be both courteous and firm.
- ❑ But at every encounter both courtesy and firmness are essential.

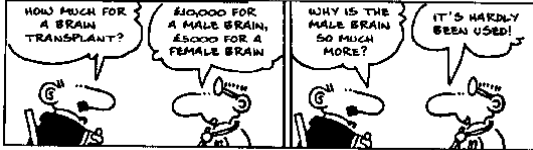


Interviewing techniques and history-taking.....

- To begin with, the fact must be accepted that it is not possible to expect to become a skillful practitioner of medicine in two or five years allotted to the medical curriculum.
- Medicine is not a trade to be learned but a profession to be entered.
- It is an ever widening field that requires continued study and prolonged experience in close contact with the sick.
- All that the medical school can hope to do is to supply the



HAMBONE by Mike Flanagan



Interviewing techniques and history-taking.....

Imagine waking tomorrow to find a magic lamp by your bed, and the genie tells you that there is only one wish left.
 You decide to devote it to making good doctors.
 What kind of people would these good doctors be?

“To be a doctor, then, means much more than to dispense pills or to patch up or repair torn flesh and shattered minds. To be a doctor is to be an intermediary between man and GOD” (Felix Marti-Ibanez in *To Be a Doctor*).

The most common criticism made at present by older practitioners is that young graduates have been taught a great deal about the mechanism of disease, but very little about the practice of medicine – or, to put it more bluntly, they are too “scientific” and do not know how to take care of patients.

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Interviewing techniques and history-taking.....

We all want doctors who will:

- Respect people, healthy or ill, regardless of who they are
- Support patients and their loved ones whenever they are needed
- Promote health as well as treat disease
- Always ask courteous questions, let people talk, and listen to them carefully
- Give unbiased advice, let people participate actively in all decisions related to their health and health care, assess each situation carefully, and help whatever the situation
- Work cooperatively with other members of the healthcare team.
- Be proactive advocates for their patients, mentors for other health professionals, and ready to learn from others, regardless of their age, role, or status.

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Interviewing techniques and history-taking.....

The physician’s task is to work for the patient’s health.
 In most clinical encounters the patient presents basic questions to the doctor:

These activities can be summarized as tackling “5 Ds” of health:

• DISEASE	• DEATH
• DISCOMFORT	• DISSATISFACTION
• DISABILITY	

Am I sick? Will it kill me?
 What is causing my illness? Can you make me well? Better?
 Will it go away? Can you help me stay well?

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Interviewing techniques and history-taking.....

Consultation Stages *The Calgary–Cambridge schema*

Five main stages in a consultation
 Emphasizes importance of a good **doctor–patient relationship**

1. Initiating the session
2. Gathering information
3. Physical examination
4. Explanation and planning
5. Closing the session

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Interviewing techniques and history-taking.....

STARTING THE CONSULTATION

3 MAIN ASPECTS :

- I. Preparation,**
- II. Establishing initial rapport**
- III. Identifying the patient's problems/concerns.**


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Interviewing techniques and history-taking.....

I. Preparation

Appropriate dress and appearance.

Adopt a professional image



An optimal setting

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A less than satisfactory seating arrangement. For the more sensitive or nervous patient, it will seem as though an additional barrier has been placed between him and the doctor, hindering the exchange of information.


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Interviewing techniques and history-taking..... **Preparation.....**

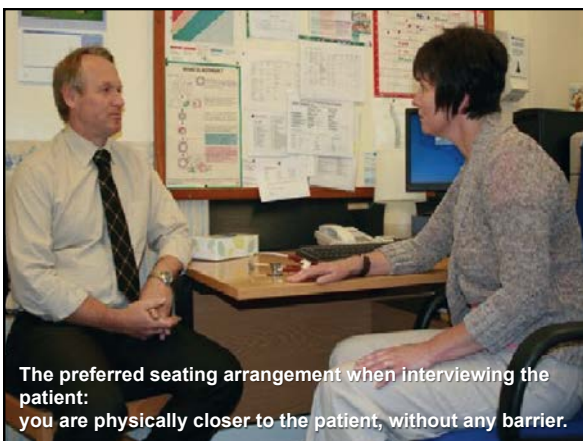
Optimal setting ???

Quiet and free from interruptions

Make the environment welcoming and relaxing. For example, rather than confronting them across a desk arrange the patient's seat close to yours



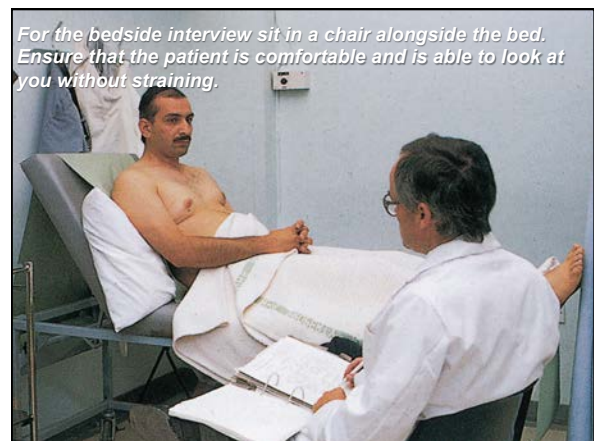
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The preferred seating arrangement when interviewing the patient: you are physically closer to the patient, without any barrier.

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For the bedside interview sit in a chair alongside the bed. Ensure that the patient is comfortable and is able to look at you without straining.




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Interviewing techniques and history-t

II. Initial rapport

- greet the patient,
- introduce yourself
- patient an outline c
- obtain/ confirm the
- check how the pati



"I've been waiting so long, my stomach pains have cleared up. I've got a headache now."

PUT THE PATIENT AT EASE


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Interviewing techniques and history-taking.....

III. Identifying the patient's problems & concerns

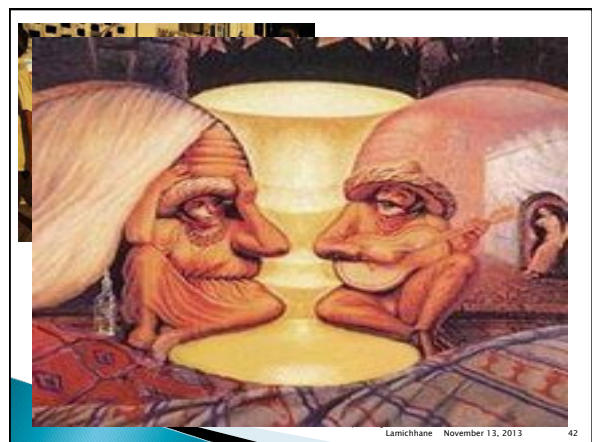
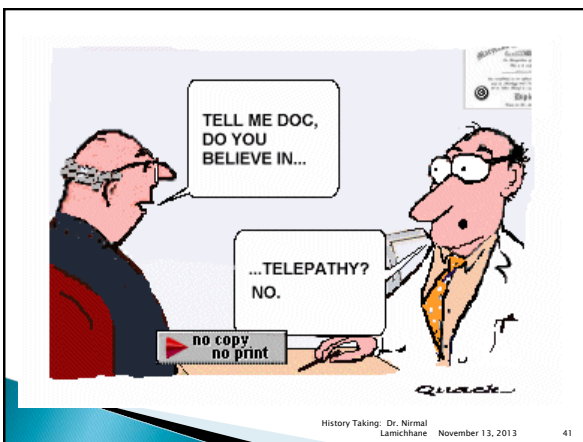
Use an open-ended question (e.g. 'Tell me what has brought you to the doctor today')

Do not interrupt the patient



**Keep talking
I'm diagnosing you**

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IIIa. Gathering information – the history

Exploration of the patient's problems

Biomedical perspective
Psychosocial perspective

BACKGROUND INFORMATION

PAST HISTORY medical history **Drug history**

Family history

Personal history **Social** **Education** **Employment**
Tobacco Alcohol

Foreign travel Home circumstances

IIIb. Exploration of the patient's problems

Five fundamental questions you are trying to extract for the history

- From which organ(s) do the symptoms arise?
- What is the likely cause?
- Are there any predisposing or risk factors?
- Are there any complications?
- What are the patient's ideas, concerns and expectations?

Questions to ask
Examples of open and closed questions
Open questions

- Tell me about your headaches.
- What concerns you most about your headaches?

Closed questions

- Is the headache present when you wake up?
- Does the headache affect your eyesight?

Symptoms and signs

Symptoms helping distinguish different sources of chest pain

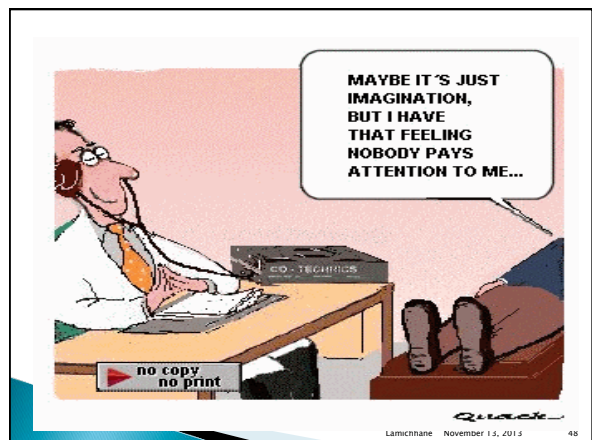
- ❖ Myocardial ischaemia – pressure, crushing, pressing retrosternal pain
- ❖ Pleuritic and chest wall pain – localised, sharp, distinct exacerbation with deep inspiration
- ❖ Gastro-oesophageal reflux pain – burning retrosternal discomfort (heart burn) arising from behind the sternum

Patients often find it difficult to describe the quality of their symptom, so, if necessary, assist them by offering a list of possible adjectives (e.g. cramping, griping, dull, throbbing, stabbing or vice-like).

Symptoms and signs



Pain assessment

- Type
- Site
- Spread
- Periodicity or constancy
- Relieving factors
- Exacerbating factors
- Associated symptoms



Good Doctor ??

- ▶ more than just board scores and strong academics.
- ▶ right attitude,
- ▶ aptitude,
- ▶ character,
- ▶ commitment,
- ▶ demeanor and
- ▶ a heart of service.

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See what a spelling mistake can do...

- ▶ Sardar went to Goa.
- ▶ Sent SMS to his wife: Having a wonderful time, wish u were Her!

Lady Doc: Tum roz subah clinic ke bahar khade ho kar auraton ko kyon ghoorte ho?
 Sardar: Ji aap hi ne bahar likha hai:
 Auraton ko dekhne ka samay 9am-11am

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Objective ???


- ▶ Perceive salient features of a Good History.

If you understand, say "understand" .
 If you don't understand, say "don't understand".
 But if you understand and say "don't understand".
 How do I understand that you understand?
 Understand ?? huh???


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HUMOUR!


To all our colleagues who Exercise and of course those who don't.....




A whale swims all day, only eats fish, drinks water and is fat.



If walking is good for your health, the postman would be immortal.



A rabbit runs and hops and only lives 15 years.



A turtle doesn't run, does nothing... yet lives for 450 years.

TO HELL WITH EXERCISE ! SLEEP Well EAT Well !



the good doctor

When the insurance company turned loose the bill collectors, one obstetrician settled for the price of gratitude.

Thank You

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