Interview Teaching Tool

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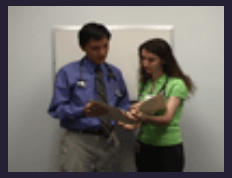
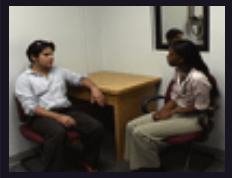


General Introduction



Social Sexual History

History of Present Illness

Review of Systems

Past Medical History

Presenting to the Attending

Family History

Master Interview

This program is designed as an introduction to interview skills for the first year medical student. You should refer to your course textbook for further information and explanation of each type of interview. This is only a foundation and may not fully encompass the needs of your patients.

Special Thanks to:

The University of Florida College of Medicine
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Master Interview

Online ITT Home

Video Contents:

Master Interview - HPI Section
Master Interview - PMH Section
Master Interview - FH Section
Master Interview - SSH Section
Master Interview - ROS Section
Master Interview - Summary Section
Master Interview - Presenting Section

Additional Materials:

Soap Note of Ellen Forbes Interview

Checklists:

LOCATES Checklist

Past Medical History Checklist

Family History Checklist

Social History Checklist

Sexual History Full Form Checklist

Sexual History Short Form Checklist

Review of Systems Checklist

History of Present Illness Practice Clinical Scenario #1

Patient Role

Directions: In this practice scenario, you are to play the role of a patient. You will be asked a History of Present Illness series of questions. A scenario is given below. Check off each item as the interview progresses to verify a complete HPI has been taken.

Scenario: Your name is John/Jane Peters. You are a 55 year old patient complaining of back pain. The pain is dull and throbs. It began three weeks ago approximately the same time you started landscaping your backyard. The pain stays in the lower back area with no other symptoms. You have taken Tylenol as directed on the bottle and it helps alleviate the pain. Lying down flat also helps. It is difficult to lean over, making the pain worse. You feel the pain more when you are outside doing yard work, but it can happen anywhere with strenuous activity. The pain is only during the day when performing active tasks. It is better at night when in bed. On a scale of 1 to 10, it is a 4.

L

□ Location of the symptom (have the patient point to the specific location, radiation of pain to other locations)

O

□ Other symptoms associated with the primary symptom

C

□ Characteristic of the symptom (type of sensation, i.e. sharp or dull pain)

A

□ Alleviating Factors (Attempts made by patient to reduce symptom, i.e. lying down, medicine)

□ Aggravating Factors (Circumstances which symptom increases)

T

□ Time of symptom

- □ duration
- □ frequency
- □ pattern of the symptom over time (i.e. mornings, after meals)

E

□ Environment where symptom occurs (i.e. at work, outside. May be random)

S

□ Severity of symptom out of 10 point scale (1 = little or no pain, 10 = worst pain patient has ever felt)

□ Summary

History of Present Illness Practice Clinical Scenario #1

Interviewer Role

Directions: In this practice scenario, you are to play the role of an interviewer. Take a History of Present Illness without using references. Remember to summarize. A scenario is given below.

Jane/John Peters comes into the clinic today complaining of back pain.

Vital signs are:

B/P 120/80 P 64 R 16 T 98.7˚

You are to take a History of Present Illness.

History of Present Illness Practice Clinical Scenario #2

Patient Role

Directions: In this practice scenario, you are to play the role of a patient. You will be asked a History of Present Illness series of questions. A scenario is given below. Check off each item as the interview progresses to verify a complete HPI has been taken.

Scenario: Your name is Christian/Christina Mathews. You are a 25 year old patient experiencing a constant dull headache. It throbs on the right side of your head, around the temples. It does not radiate anywhere. You sometimes have ringing in the ears with the pain. This pain started five days ago and has progressively gotten worse. On a scale of 1-10, it began as a 5 and now is an 8. Aspirin relieved the pain five days ago, but no longer works as well now. You cannot think of anything that makes it worse since it is constant. The pain remains day and night and can get worse in loud environments such as parties or even a loud radio.

L

□ Location of the symptom (have the patient point to the specific location, radiation of pain to other locations)

O

□ Other symptoms associated with the primary symptom

C

□ Characteristic of the symptom (type of sensation, i.e. sharp or dull pain)

A

□ Alleviating Factors (Attempts made by patient to reduce symptom, i.e. lying down, medicine)

□ Aggravating Factors (Circumstances which symptom increases)

T

□ Time of symptom

- □ duration
- □ frequency
- □ pattern of the symptom over time (i.e. mornings, after meals)

E

□ Environment where symptom occurs (i.e. at work, outside. May be random)

S

□ Severity of symptom out of 10 point scale (1 = little or no pain, 10 = worst pain patient has ever felt)

□ Summary

History of Present Illness Practice Clinical Scenario #2

Interviewer Role

Directions: In this practice scenario, you are to play the role of an interviewer. Take a History of Present Illness without using references. Remember to summarize. A scenario is given below.

Christian/Christina Mathews comes into your office today complaining of a headache.

Vital signs are:

B/P 130/90 P 72 R 16 T 99.4˚

You are to take a History of Present Illness.

CHECKLIST: History of Present Illness

Checklist (LOCATES):

L

□ Location of the symptom (have the patient point to the specific location, radiation of pain to other locations)

O

□ Other symptoms associated with the primary symptom

C

□ Characteristic of the symptom (type of sensation, i.e. sharp or dull pain)

A

□ Alleviating Factors (Attempts made by patient to reduce symptom, i.e. lying down, medicine)

□ Aggravating Factors (Circumstances which symptom increases)

T

□ Time of symptom

- □ duration
- □ frequency
- □ pattern of the symptom over time (i.e. mornings, after meals)

E

□ Environment where symptom occurs (i.e. at work, outside. May be random)

S

□ Severity of symptom out of 10 point scale (1 = little or no pain, 10 = worst pain patient has ever felt)

CHECKLIST: Past Medical History

Checklist:

- □ General state of health
- □ Chronic medical problems (i.e. asthma, diabetes, high BP, kidney disease, depression)
- □ Hospitalizations
- □ Surgical History
    - □ Type of surgery
    - □ Date of surgery
- □ History of trauma
- □ Childhood illnesses
- □ Gynecologic history
    - □ Pregnancies
    - □ Menstruation pattern (date of last period if menopausal)
- □ Health maintenance (i.e. frequency of physician visits)
- □ Medications (over-the-counter, vitamins, herbal/alternative)
    - □ Medication name
    - □ Quantity taken
    - □ Reason for taking medication

CHECKLIST: Family History

Checklist:

State of health of-
□ Siblings
□ Parents
□ Children
□ Grandparents (for younger patients)

Specific diseases to ask for-
□ Early coronary artery disease (< age 50)
□ Cancer
    □ breast
    □ prostate
    □ colon
    □ ovary
    □ other
□ Hypertension
□ Diabetes Type II
□ Kidney diseases (i.e. dialysis, polycystic disease, kidney failure)
□ Asthma, allergies
□ Sickle cell anemia
□ Mental illnesses (i.e. schizophrenia, mood disorders, substance abuse)
□ Other diseases that run in the family

CHECKLIST: Social History

Checklist:

□ Relationships.
Sample opening question – "With whom do you live?"
- □ Marital status
- □ Family and household composition
- □ Pets

□ Stress / Support
Sample opening question – "Are there any stresses at home or at work? How do you deal with it?"
- □ Support system (spouse is not always the support system)

□ Demographics / Occupation
Sample opening question – "What do you do for a living?"
- □ Occupation
- □ Level of education (literacy)
- □ If foreign, where from and how long in U.S.

Sample opening question – "Where are you from and how long have you been living in the U.S.?"
- □ Do you have any spiritual or cultural beliefs related to healthcare that I should know about?

□ Lifestyle
Sample opening question – "Tell me about your daily activities."
- □ Nutrition
- □ Exercise
- □ Caffeine use – "How much caffeine do you drink?"
- □ Tobacco use – "Do you smoke or use tobacco?" If no, "Have you ever smoked or used tobacco?" Specify amount per day (expressed later in pack years). Each pack contains 20 cigarettes. If they chew, use cans per day.
- □ Alcohol use (CAGE) – "Do you drink alcohol?" If no, "Have you ever been a drinker in the past?" Specify the type, amount, and frequency
- □ Drug use – "Do you use any street drugs like marijuana, cocaine, heroin, or ecstasy?" "How much and how often?"

CAGE Questions:
- □ Have you ever felt you should **C**ut down on your drinking?
- □ Have people **A**nnoyed you by criticizing your drinking?
- □ Have you ever felt bad or **G**uilty about your drinking?
- □ Have you ever had a drink first thing in the morning (**E**ye opener) to calm down or get rid of a hangover?

CHECKLIST: Sexual History – Full Form

Checklist:

□ Are you currently sexually active?
    If No: □ Have you ever been sexually active?
    If Yes: Continue
□ Do you have sex with men, women or both?
□ Are you currently in an intimate relationship?
    If Yes: □ Is your current partner your only partner?
□ Do you have a history of having multiple sexual partners?
    If Yes: □ Within the past year, how many partners have you had?
□ Do you have vaginal sex?
□ Do you have oral sex?
    If Yes: □ Do you give it, receive it, or both?
□ Do you have anal sex?
    If Yes: □ Do you give it, receive it, or both?
Pregnancy:
    □ Female – Is there a possibility that you are pregnant or do you desire to become pregnant?
    □ Male – Are you concerned about impregnating your partner?
□ Do you use condoms or other protection when having sex?
    If No: □ Why not?
□ Have you ever been treated for a sexually transmitted disease?
    □ If Yes: What was the name of the STD? Did you complete the treatment?
□ Has your partner ever been treated for a sexually transmitted disease?
□ Does your partner have symptoms now of an STD?
□ Are you satisfied with your sexual function?
□ Do you think that you are at risk for HIV infection?
□ Have you or your partner(s) ever had a blood transfusion?
□ Do you or your partner(s) use alcohol? IV drugs?
□ Have you paid or exchanged sex for money, drugs, or shelter?
□ Have you ever been in a relationship where you felt emotional or physical abuse from a loved one? (SAFE Screening)

SAFE Questions:

Stress/Safety

- □ What stresses do you have in your relationship?
- □ Do you feel safe in your relationship?
- □ Should I be concerned for your safety?

Afraid/Abused

- □ Are there situations in your relationship where you feel afraid?
- □ Has your partner ever threatened or abused you or your children?
- □ Have you been physically hurt by your partner?
- □ Has your partner forced you to have sexual intercourse that you did not want?

Friends/Family

- □ If you have been hurt, are your friends and family aware of it?
- □ If it did happen, do you think you could tell them?
- □ Would they be able to give you support?

Emergency Plan

- □ Do you have a safe place to go and the resources you need in an emergency situation?
- □ If you are in danger now, would you like help in locating a shelter?

□ Would you like to talk with a social worker to develop an emergency plan?

CHECKLIST: Sexual History – Abbreviated Form

Checklist:

□ Are you currently sexually active?
    If No: □ Have you ever been sexually active?
    If Yes: Continue
□ Do you have sex with men, women or both?
□ Are you currently in an intimate relationship?
    If Yes: □ Is your current partner your only partner?
□ Do you have a history of having multiple sexual partners?
    If Yes: □ Within the past year, how many partners have you had?
□ Do you use condoms or other protection when having sex?
    If No: □ Why not?
□ Have you ever been treated for a sexually transmitted disease?
    If Yes: □ What was the name of the STD? Did you complete the treatment?
□ Are you satisfied with your sexual function?
□ Do you experience any pain or discomfort during sex?
□ Have you ever paid for sex?
□ Have you ever been in a relationship where you felt emotional or physical abuse from a loved one? (SAFE Screening)

SAFE Questions:

Stress/Safety
    □ What stresses do you have in your relationship?
    □ Do you feel safe in your relationship?
    □ Should I be concerned for your safety?
Afraid/Abused
    □ Are there situations in your relationship where you feel afraid?
    □ Has your partner ever threatened or abused you or your children?
    □ Have you been physically hurt by your partner?
    □ Has your partner forced you to have sexual intercourse that you did not want?
Friends/Family
    □ If you have been hurt, are your friends and family aware of it?
    □ If it did happen, do you think you could tell them?
    □ Would they be able to give you support?
Emergency Plan
    □ Do you have a safe place to go and the resources you need in an emergency situation?
    □ If you are in danger now, would you like help in locating a shelter?
    □ Would you like to talk with a social worker to develop an emergency plan?

CHECKLIST: Review of Systems

Checklist:

General-

□ Weight loss or gain
□ Fever or chills
□ Trouble sleeping
□ Fatigue
□ Weakness

Skin-

□ Rashes
□ Itching
□ Color changes
□ Lumps
□ Dryness
□ Hair and nail changes

Head-

□ Headache
□ Head injury

Ears-

□ Decreased hearing
□ Earache
□ Ringing in ears (tinnitus)
□ Drainage

Eyes-

□ Vision
□ Blurry or double vision
□ Cataracts
□ Glasses or contacts
□ Flashing lights
□ Last eye exam
□ Pain
□ Specks
□ Redness
□ Glaucoma

Nose-

□ Stuffiness
□ Itching
□ Nosebleeds
□ Discharge
□ Hay fever
□ Sinus pain

Throat-

□ Teeth
□ Sore tongue
□ Thrush
□ Gums
□ Dry mouth
□ Non-healing sores
□ Bleeding
□ Sore throat
□ Last dental exam
□ Dentures
□ Hoarseness

Neck-

□ Lumps
□ Pain
□ Swollen glands
□ Stiffness

Breasts-

□ Lumps
□ Discharge
□ Breast-feeding
□ Pain
□ Self-exams

Respiratory-

□ Cough (dry or wet, productive)
□ Coughing up blood (hemoptysis)
□ Wheezing
□ Painful breathing
□ Sputum (color and amount)
□ Shortness of breath (dyspnea)

Cardiovascular-

□ Chest pain or discomfort
□ Tightness
□ Palpitations
□ Shortness of breath with activity (dyspnea)
□ Difficulty breathing lying down (orthopnea)
□ Swelling (edema)
□ Sudden awakening from sleep with shortness of breath (Paroxysmal Nocturnal Dyspnea)

Gastrointestinal-

□ Swallowing difficulties
□ Heartburn
□ Change in appetite
□ Nausea
□ Change in bowel habits
□ Rectal bleeding
□ Constipation
□ Diarrhea
□Yellow eyes or skin (jaundice)

Urinary-

□ Frequency
□ Urgency
□ Burning or pain
□ Blood in urine (hematuria)
□ Incontinence
□ Change in urinary strength

Genital-

Male-

□ Pain with sex
□ Hernia
□ Penile discharge
□ Sores
□ Masses or pain
□ Erectile dysfunction
□ STD's

Female-

□ Pain with sex
□ Vaginal dryness
□ Hot flashes
□ Vaginal discharge
□ Itching or rash
□ STD's

Vascular-

□ Calf pain with walking (Claudication)
□ Leg cramping

Musculoskeletal-

□ Muscle or joint pain
□ Stiffness
□ Back pain
□ Redness of joints
□ Swelling of joints
□ Trauma

Neurologic-

□ Dizziness
□ Fainting
□ Seizures
□ Weakness
□ Numbness
□ Tingling
□ Tremor

Hematologic-

□ Ease of bruising
□ Ease of bleeding

Endocrine-

□ Head or cold intolerance
□ Sweating
□ Frequent urination (polyuria)
□ Thirst (polydypsia)
□ Change in appetite (polyphagia)

Psychiatric-

□ Nervousness
□ Depression
□ Memory loss
□ Stress

SOAP NOTE:

S: The patient is a 70 year old female complaining of abdominal pain and indigestion. The dull, constant pain is located in the upper right quadrant of her abdomen. It started four days ago and is occasionally also in her right shoulder blade. Nausea accompanies the pain. Eating worsens the pain, making her feel excess gas and bloating. Rolaids normally lessens the pain, but did not improve her pain in the last incident. One a scale of 10, she rates the pain as an 8.

PMH- no significant PMH

Family Hx - Her brother had his gall bladder removed 2 years ago. Mother died of alzheimers, father of heart attack.

Social Hx- Married, works at Walmart. She walks 3 times a week for 30 minutes. Rarely drinks and doesn't smoke.

ROS - General decrease in appetite. Fear of eating. Skin rash on feet

O: Vital Signs: BP 125/85 P 70 bpm R 16 breaths T 99.1˚F

The patient is friendly and well groomed. She is not in any obvious distress.

HEENT- pupils Round reactive to light. No scleroicteris (jaundice in sclera eyes) Moist mucous membranes. No lymphatonopathy, no thyromegaly, bruits, neck supple.
Lungs clear on auscultation. Resonant to percussion.
Cardiac – regular rate and rhythm. No murmurs or gallops
Abdominal – No surgical scars, no distention. Normal active bowel sounds in all four quadrants. No bruits heard in abdominal aorta, renal arteries, or iliac arteries. Discomfort was felt on light and deep palpitation of the right upper quadrant. Liver and spleen are not enlarged. She had no rebound tenderness or guarding.

Breast and pelvic exams done by previous primary care physician

Extremities/musculoskeletal – 2+ radial and dorsalis pulses no clubbing or cyanosis or edema. Full range of motion in her shoulders, elbows, hands, hips, knees and ankles without pain tenderness or swelling. No scapular tenderness.

Redness and flaking between f4-5 and 3-4 toes.

Neuro – CN 2-12 intact. Strength 5/5 bilateral upper and lower extremities. Deep tendon reflexes 2+ throughout. Romberg normal, gait normal.

A/P: 1. abdominal pain – presentation suggested of gall stone disease.

Less likely possibilities include hepatitis, gastritis, peptic ulcer disease, and atypical ischemic heart disease. Workup will include a sonogram of the RUQ and complete blood count and liver chemistries, and an EKG. We will have the patient follow up with results.
2. Athlete's Foot- patient advised to use OTC Lamisil and keep her feet dry.