

**University of Missouri-Kansas City
School of Medicine**

**Fundamentals of
Medicine Handbook
Med 9110/9210**

Year 1 and 2



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Hippocratic Oath

To fulfill my responsibilities as a physician,
I solemnly swear in the presence of my teachers, colleagues,
family and friends:

- to apply my accumulated knowledge, skills and experience to care for the sick and to promote the health and welfare of those who come to me for medical advice;
- to respect the confidences that are entrusted to me by my patients;
- in treating the sick, to exert every effort to avoid injury and wrongdoing;
- to devote myself to the study of medicine in order to enhance my competence and to contribute to its progress;
- to seek when necessary for the health of my patients the advice and help of my teachers and colleagues;
- to give to my teachers and colleagues the respect and gratitude which is their due, and
- to maintain by all the means in my power the honor and the noble traditions of the medical profession.

I make these promises in the full spirit of the tradition established by the ancient Oath of Hippocrates, with awareness of the changing responsibilities of medicine over the ages, and with the deep appreciation that the honor of being a physician carries with it these kinds of obligations to my fellow men and to society. I make these promises solemnly, freely, and upon my honor.

12 Keys to Following the Oath

1. Demonstrating Humility
2. Identifying Patient Needs
3. Striving to Meet Patient Needs
4. Demonstrate Empathy
5. Respect Towards Others.
6. Pursuit of Excellence.
7. Preserve High Standards of Care
8. Listen Attentively
9. Express a Partnership with the Patient
10. Accepting the Patient's Feelings
11. Being Accessible
12. Being the Patient's Advocate

Seven Qualities To Strive For Include:

1. **Altruism:**

which is acting in the best interest of patients instead of self-interest.

2. **Humanism:**

which is acting with respect, empathy and compassion for others.

3. **Honor:**

which is following the highest standards of behavior.

4. **Integrity:**

which is refusing to violate one's personal and professional codes.

5. **Accountability:**

which is fulfilling one's responsibility and obligations in relationships to patients, colleagues, the profession and society.

6. **Excellence:**

which is committing to exceed ordinary expectations and to lifelong learning.

7. **Duty:**

which is freely committing to serve others.

The Six ACGME Competencies:

1. Interpersonal and Communication Skills
2. Professional Behavior
3. Medical Knowledge including Applications of Basic Science & Problem-Solving
4. Practice-based Learning and Improvement including Lifelong Learning & Self-Appraisal
5. Systems-based Practice
6. Patient Care including History-taking, Physical Examinations, Procedures and Diagnosis & Management

Demonstration of Attributes of Professionalism (DR)

1. D

- Degree of Maturity
- Degree of Motivation
- Direct Listening
- (Self) Directed Learning

2. R

- Reliability
- Responsibility
- Rapport
- Respect

Dr. Harris' Three Thoughts to Carry With You During Your Career

- Take care of your patients and they will take care of you.
- Treat your colleagues with courtesy and respect no matter how they treat you.
- Remember that all of us will eventually become a patient but only a few of us are given the privilege to be a physician.

Docent Responsibilities

Provide two hours per week didactic time with the students to learn more about themselves; understand professionalism, humanism, and altruism; learn patient-centered and doctor-centered interviewing; and practice their interviewing skills.

Areas to address:

1. Patient-centered interviewing (PCI)
2. Doctor-centered interviewing

GOAL: Year 1 and 2 students can learn PCI skills without knowing any medicine. They can build their interviewing abilities in Years 1&2, making them more prepared to interview patients when they start clinical assessments in Year 3.

3. Learn facilitating skills
4. Learn symptom-defining skills
 - Review of symptoms
 - Common complaints
 - Seven symptom descriptors

Fundamentals of Medicine Series

Patient-Centered Interviewing: A Curriculum Covering Years 1 and 2

Year 1 Skills

- Basic Communication Skills
 - Open-ended questioning (silence, non-verbal encouragement, neutral utterances, echoing, requests, summarizing)
 - Closed ended questioning (Yes/No, Brief answers)
- Relationship-building Skills
 - Emotion-seeking (direct and indirect)
 - Emotion-handling (naming, understanding, respecting, supporting)
- Patient-centered interviewing
 - Physical symptom, personal and emotional stories
- Learn to identify patient safety concerns
 - Develop awareness

Year 2 Skills

- Medical interviewing skills
- Doctor-centered interviewing
- Advanced interviewing skills
 - Social/ cultural/spiritual factors
 - Difficult situations
 - Self-awareness
- Integrate patient safety concerns into interview
 - Improve patient communication and trust
 - Decrease medical errors

Course Goal and Objectives

This course enables the student to learn and adopt professional values, attitudes and skills required to practice medicine competently by focusing on **five objectives** from the Experienced-based Curriculum:

1) Effective Communication

- a) The student demonstrates competence in written communications, such as email and papers/essays.
- b) The student demonstrates competence in oral communications in a one on one setting, such as introducing and beginning a history with an individual patient.
- c) The student demonstrates effective listening skills with faculty members, other students and patients.

2) Self-awareness, Self-care, Personal Growth, and Professional Behavior

- a) The student knows the elements of professional behavior and can explain the meaning of each element.
- b) The student shows courteous regard for other students and faculty and acknowledges the views of others. The student interacts with patients they meet in their docent group experiences in an appropriately compassionate fashion.

3) Diversity and the Social and Community Contexts of Health Care

- a) The student appreciates different value systems and life styles.

Course Goal and Objectives

4) Interviewing patients

- Patient Centered Interviewing
- Doctor Centered Interviewing

5) Basic physical examination

- a) Teach about vital signs
 - Learn to take a blood pressure with a manual unit
 - Learn to obtain a pulse
 - Learn to assess a patient's respiratory rate
- b) Teach basic physical exam
 - Listen to heart sounds
 - Listen to breathe sounds
 - Learn how to integrate history taking with physical examination

History

Chief Complaint (cc):

History of Present Illness (HPI):

Symptoms – Onset, Duration, Frequency, Location

CLASSIC SEVEN DIMENSIONS OF A PAIN-RELATED SYMPTOM

O - OTHER ASSOCIATED SYMPTOMS

P - PRECIPITATING/AGGRAVATING AND ALLEVIATING/
RELIEVING FACTORS

Q - QUALITY-dull, sharp, aching, gnawing, stabbing,
burning, crushing, throbbing, or cramping

R - RADIATES or is REFERRED

S - SEVERITY- mild, moderate, severe

S - SETTING-onset, duration, frequency, location
(superficial or deep; a specific area or diffuse)

T - TIMING AND CHRONOLOGY

Associated Symptoms

Fever, chills, nausea, vomiting, diarrhea, constipation,
headache, pruritus, arthralgias, fatigue, weakness

Pertinent Past Medical Conditions / Risk Factors

Diabetes mellitus, hypertension, stroke, heart attack, lipid
disorders, arthritis, bleeding or coagulation disorder

Past Medical History:

Childhood Illnesses: Measles, Mumps, Rubella,
Chicken Pox, Scarlet Fever

Adult Illnesses:

Accidents/Injuries:

Hospitalizations:

Immunizations: Tdap, MMR, Hepatitis B, Influenza,
Pneumovax, Varicella

Medical Conditions: DM, HTN, Thyroid, Lipids, Asthma, CHF

Screening Tests: Mammogram, Pap, Colonoscopy, Hemocult

Past Surgical History:

Transfusions

Ventilator

Family History:

DM, HTN, CVA, MI, Cancer, Bleeding Disorders, Asthma,
Tuberculosis, Epilepsy, Mental Illness

Parents

Siblings

Social History:

Employment

Marital Status

Living Arrangements

Hobbies

Diet

Exercise

Do you have sex with women, men or both? Neither?

MEDICATIONS:

OTC: (Vitamins, Minerals, Creatine, Protein Supplements)

Herbs:

Prescribed (include eye drops)

HABITS:

Tobacco

Alcohol

Elicit Drugs – Marijuana, Amphetamines, Cocaine, Heroin,
GHB, Anabolic Steroids, Ecstasy, LSD

ALLERGIES:

Medications
Plants
Animals
Latex
Nickel
Dyes
Iodine
Foods

REVIEW OF SYSTEMS (ROS):

General: Weight Change, Fatigue, Weakness, Fever, Chills, Nights Sweats
Skin: Skin/Hair/Nail Changes, Skin Bruising, Itching, Rashes, Sores, Lumps, Moles
Head: Headache, Head Trauma
Eyes: Visual Blurring, Double Vision, Loss of Vision, Glasses, Contacts
Ears: Hearing Loss, Tinnitus, Vertigo, Discharge, Earache
Nose: Nosebleeds, Rhinorrhea, Sneezing/Allergies/ Hayfever
Mouth/Throat: Hoarseness, Sore Throat, Dental Abscesses, Sore Tongue, Dentures
Neck: Swollen, Masses, Trauma, Stiffness, Pain
Heart: Palpitations, Dyspnea on Exertion, Chest Pain/ Pressure, Dizziness, Shortness of Breathe, Heart Murmur, Rheumatic Fever, Fainted, High Blood Pressure
Lungs: Dyspnea, Wheezes, Cough, Asthma, Tuberculosis, Hemoptysis
Breasts: Skin Changes, Masses, Nipple Discharge, Pain
GI: Appetite, Nausea, Vomiting, Heartburn, Difficulty with Swallowing, Change in Bowel Habits, Constipation, Diarrhea, Blood in Stools, Abdominal Pain, Jaundice, Tarry Stools, Laxative Use.

GU:

Frequency, Urgency, Hesitancy, Dysuria, Polyuria, Hematuria, Nocturia, Incontinence, Stools, Infections, Kidney Stones, Enuresis

Male –

Venereal Warts, Penile Discharge/Sores, Testicular Pain/Masses, Hernia, Chlamydia, Gonorrhea, Difficulty with Erections, Libido

Female –

Venereal Warts, Vaginal Discharge/Sores, Pelvic Pain/Masses, Chlamydia, Gonorrhea, Libido, Contraception, Abnormal Pap Last Menses: _____

Character (regular, frequency, duration, flow)

Menopause, Hot Flashes, Hormones

_____ # of Pregnancies

_____ # Living Children

_____ # Abortions/Miscarriages

EXTREMITIES:

Leg Edema, Pain with Walking, Clots, Sensation

MUSCLES/JOINTS:

Muscle Weakness/Pain, Joint Pain/Stiffness, Gout, Osteoarthritis, Rheumatoid Arthritis

NEUROLOGIC:

Tingling, Numbness, Tremors, Weakness, Fainting, Seizures, Dizziness, Difficulty with Speech, Muscle Paralysis, Burning, Tingling, Prickling Sensation

PSYCHIATRIC:

Panic Disorder, Anxiety, Depression, Memory Loss/Changes, Violent Behavior, Nervousness, Irritability, Fears, Sexual Disturbances

LYMPHATICS:

Enlarged or Tender Nodes

HEMATOPOIETIC:

Craved Paint or Dirt, Transfusions, Spontaneous or Excessive Bleeding, Easy Bruising

ENDOCRINE:

Goiter, Tremors, Heat or Cold Intolerance, Change in Glove or Shoe Size, Hair Changes

Physical Exam

VITAL SIGNS: Normal: pulse 60-100; BP > 90/60 or <140/90; RR >10 or <20)

Height _____ Weight _____ LNMP _____
Temp _____ HR _____ RR _____
BP _____ Pain (0-10) _____ BMI _____

GENERAL APPEARANCE:

Ambulatory, Conscious, Oriented – Person, Place, Time and Situation. General Status.

HEENT:

No Scalp Lesions. Tympanic Membranes, Conjunctive.
Hearing - Grossly Normal, Ear Canals.
External Ear Lesions, Ptosis, Eye Lesions, Pupils = ERRLA,
Fundus, EOM, Turbinates, Nasal Lesions, Dentition, Visual Acuity,
Mouth Lesions, Tongue, Speech, Gums/Buccal Areas

NECK:

Trachea in Midline. Masses. Bruits, JVD, Thyroid

HEART:

Rate, Rhythm, Murmur, Gallop, Rubs, Clicks.
PMI – Location, Size, Force, Duration
JVD – Carotid Artery Pulses

LUNGS:

Clear to Auscultation. Wheezes, Rales, Rhonchi
No E → A Changes. Clear to Percussion.
Symmetrical Chest Movement.

ABDOMEN:

Soft, Non-tender, Non-distended, Organomegaly Masses.
Ascites, Rebound Tenderness. Bowel sounds, Bruits

RECTAL:

Tone, Masses, Hemorrhoids, Blood, Prostate

EXTERNAL GENITALIA:

BREAST:

Nipple Discharge, Masses, Contour, Color changes

FEMALE EXTERNAL GU:

Normal. Lesions. Discharge-Vagina. Tender Cervix, Tender Uterus or Adnexa, Masses, Uterus Size/Shape

MALE EXTERNAL GU:

Normal Circumcision, Discharge - Urethra. Lesions,
Testes, Scrotal Masses, Hernia, Hydrocele

EXTREMITIES:

Pulses, Edema, Cyanosis, Clubbing, Redness, Calf
Tenderness, Homans sign, Ulcers, Joint Swelling, ROM

NEURO:

CNII – XII
Sensory – Touch, Pain, Vibration, Position
Motor – Fine Movements, Gross Movements
Cerebellar – Tandem Walking, Heel-Knee, Finger-Nose, Gait
Reflexes – (Deep Tendon)

MUSCULSKELETAL:

Muscle Tone, Strength, Mass, Atrophy, Fasciculations, Tremor,
Babinski Sign, Toe Walking, Heel Walking, Chorea

PSYCHIATRIC:

Mini Mental Status Exam –
Place: City, County, State
Time: Day, Date, Month, Year
Recall: 3 Items
Serial 7's
Naming: 2 Items
Write a Sentence
Follow Directions: Take Paper, Fold in Half, Put on Desk
Copy Drawing of 2 Pentagons
Affect/Dress/Emotional Status/Posture
Hallucinations – Visual, Auditory
Delusions –
Illusions—

LYMPHATICS:

Nodes – Locations, Size, Mobile, Fixed

INTEGUMENT:

Hair/Nails/Skin Color, Excoriations, Ulcers, Swelling,
Inflammation, Rash, Moles, Lesions

Notes:

Geriatrics

NUTRITION SCREENING: DETERMINE Your Nutritional Health Checklist

The nutrition screen is based on these warning signs of poor nutrition:

- D**isease
- E**ating poorly
- T**ooth loss, mouth pain
- E**conomic hardship
- R**educed social contact
- M**ultiple medicines
- I**nvolutionary weight loss or gain
- N**eed for assistance in self-care
- E**lderly (age > 80)

Geriatrics

The mnemonic DETERMINE represents the warning signs and the questions in the screen.

Read the statements below. Circle the number in the “YES” column for those that apply to you or someone under your care. For each “YES” answer, score the number listed. Total your nutrition score.

	YES
1. I have an illness or condition that made me change the kind and/or amount of food I eat.	2
2. I eat fewer than 2 meals per day.	3
3. I eat few fruits or vegetables, or milk products.	2
4. I have 3 or more drinks of beer, liquor, or wine almost every day.	2
5. I have tooth or mouth problems that make it hard for me to eat.	2
6. I don't always have enough money to buy the food I need.	4
7. I eat alone most of the time.	1
8. I take 3 or more different prescribed or over-the-counter drugs a day.	1
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
10. I am not always physically able to shop, cook, and/or feed myself.	2
	TOTAL _____

NOTE: Scoring: 0–2 = good; 3–5 = moderate nutritional risk; 6 or more = high nutritional risk.

SOURCE: DETERMINE Your Nutritional Health Checklist.

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Geriatrics

Geriatric Depression Scale

1. Are you basically satisfied with your life?
2. Have you dropped many of your activities and interests?
3. Do you feel that your life is empty?
4. Do you often get bored?
5. Are you in good spirits most of the time?
6. Are you afraid that something bad is going to happen to you?
7. Do you feel happy most of the time?
8. Do you often feel helpless?
9. Do you prefer to stay at home, rather than going out and doing new things?
10. Do you feel you have more problems with memory than most?
11. Do you think it is wonderful to be alive now?
12. Do you feel pretty worthless the way you are now?
13. Do you feel full of energy?
14. Do you feel that your situation is hopeless?
15. Do you think that most people are better off than you are?

Score 1 point for each depressed answer (1, 5, 7, 11, 13)

Normal=3+/-2 Mildly depressed=7+/-3 Very depressed=12+/-2

Geriatrics

Activities of Daily Living (ADLs)

Bathing
Dressing
Toileting
Transfers
Continenence
Feeding

Instrumental Activities of Daily Living (IADLs)

Using the telephone
Shopping
Food preparation
Housekeeping
Laundry
Transportation
 Driving
Taking medication
Managing money

A General Screening Assessment Should Be Done on All Older Patients and Include:

Functional Status
 ADLs
 IADLs
Visual Impairment
Hearing imparment
Urinary incontinence
Malnutrition
Gait
Balance
Falls
Depression
Cognitive problems

Geriatrics

Mini Mental Status Exam

Patient's Name: _____

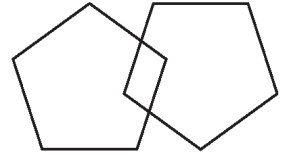
Date: _____

Client's highest level of education: _____

<u>Maximum</u>	<u>Score</u>	<u>Orientation</u>
5	()	What is the (year) (season) (date) (day) (month)?
5	()	Where are we (state) (country) (town) (hospital) (floor)?
		<u>Registration</u>
3	()	Name 3 objects: One syllable words, 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials _____
		<u>Attention and Calculation</u>
5	()	Serial 7's. 1 point for each correct answer. Stop after 5 answers. Alternatively spell "world" backward. 100 - 93 - 86 -79 -72 - 65 - 58
		<u>Recall</u>
3	()	Ask for the 3 objects repeated above. Give 1 point for each correct answer.
		<u>Language</u>
2	()	Name a pencil and watch.
1	()	Repeat the following "No ifs, ands, or buts"
3	()	Follow a 3-stage command: "Take a paper in your hand, fold it in half, and put it on the floor."

Geriatrics

- 1 () Read and obey the following:
CLOSE YOUR EYES
- 1 () Write a sentence.
- 1 () Copy the design shown.



_____ Total Score

Assess level of consciousness _____
along a continuum. (Alert) (Drowsy) (Stupor) (Coma)

A score greater than or equal to 25 points (out of 30) is effectively normal.

Below 25, the scores can indicate a degree of mental or cognitive impairment (dementia): severe (≤ 9 points), moderate (10-20 points) or mild (21-24 points).

Consider the individual's educational attainment, age and the presence of any physical problems - a patient may be physically unable to hear or read instructions properly, or may have a motor deficit that affects writing and drawing skills.

Gynecology

GYNECOLOGIC HISTORY

The gynecologic history focuses on the menstrual history, which begins with **menarche**, the age at which menses began. The basic menstrual history includes:

- Last menstrual period (LMP)
- Length of periods (number of days of bleeding)
- Number of days between periods
- Any recent changes in periods

Obstetrics

Common Obstetrical Terms

Gravida - A woman who is or has been pregnant

Primigravida - A woman who is in or who has experienced her first pregnancy

Multigravida - A woman who has been pregnant more than once

Nulligravida - A woman who has never been pregnant and is not now pregnant

Primipara - A woman who is pregnant for the first time or who has given birth to only one child

Multipara - A woman who has given birth two or more times

Nullipara - A woman who has never given birth or who has never had a pregnancy progress beyond the gestational age of an abortion

OBSTETRIC HISTORY

The basic obstetric history includes the patient's **gravidity** or number of pregnancies.

A pregnancy can be a live birth, miscarriage, premature birth (less than 37 weeks of gestation), or an abortion.

Obstetrics

Details about each live birth are noted, including birthweight of the infant, sex, number of weeks at delivery, and type of delivery.

The patient should be asked about any pregnancy complications (diabetes, hypertension, and preeclampsia).

Ask whether she has a history of depression, either before or after a pregnancy.

A breastfeeding history is useful information.

Pediatrics

Developmental milestones

A set of functional skills or age-specific tasks most children can perform at a certain age range. Used to check how a child is developing; each milestone has an age level, the actual age when a normally developing child reaches that milestone can vary quite a bit.

- Gross motor: using large groups of muscles to sit, stand, walk, run, etc., keeping balance, and changing positions.
- Fine motor: using hands to be able to eat, draw, dress, play, write, and do many other things.
- Speech and Language: speaking, using body language and gestures, communicating, and understanding what others say.
- Cognitive: Thinking skills: including learning, understanding, problem-solving, reasoning, and remembering.
- Social and Emotional: Interacting with others, having relationships with family, friends, and teachers, cooperating, and responding to the feelings of others.

Notes:



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