

# Year 1 GP Tutor Guide

## Clinical Contact Human Health and Wellbeing

### The urinary system

Centre for Academic Primary Care

2018-19 MB21



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## How to use this guide:

This guide starts with the background to the students learning. **The busy GP teacher will find all you need to know for the session in the session plan on page 6**; it outlines the learning objectives, the types of patients to find for students to visit at home, some tasks the students can be set when they are sitting in observing you consult and some discussion points you can raise with your students at the end of the session.

## Dear GP tutor

Thank you for taking students for their Clinical Contact during their Urinary Case Based Learning (CBL). You should have been sent a link to the overall GP Tutor guide in CBL which gives you an overview of case-based learning in Year 1 of MB21 and an overview of the Effective Consulting course with links to general information you need to run the sessions.

This is a short guide to running a session in the Urinary case (you will be sent a link to similar information in each case 2 weeks before the students are due)—and you can also find these on our website <http://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/one/>

We would like the students to be as hands on as possible when they are with you, especially in terms of talking with patients and “presenting” them back. At this stage, they are being introduced to the concept of the medical history—they should have a broad idea of the areas to cover, but they won’t be expected to know the “right” questions to ask about a symptom. They should also be starting to present back a coherent narrative about a patient they have seen to you and the group. This week they will cover “activating self-care” in their Effective Consulting session—they should be thinking about how patient's lifestyles contribute to their health, and how we, as doctors, motivate patients to make lifestyle changes and manage their health and wellbeing. It’s helpful if you can share the resources you most frequently give to patients to help them to manage their own health e.g. websites, charities, local support groups.

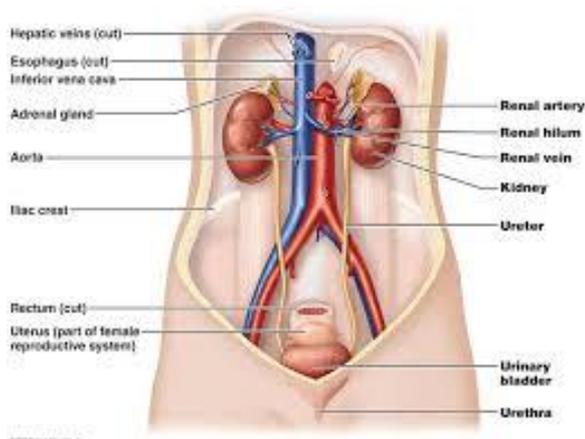
Please try and maximize the amount of time students spend talking directly with patients. Sessions in GP are quite flexible; you may have 1-2 students sitting in a reduced surgery with you and the rest out on home visits, or you could have all the students on a home visit in pairs with a tutorial/debrief at the end, or instead of a surgery you could bring a patient or two into the surgery to meet you and the group. It is helpful if they can practice some clinical skills now such as urinalysis.

I hope it goes well and you enjoy having the students.

Dr Juliet Brown, Year 1 GP lead

## Urinary—overview of the case

The urinary case explores fluid balance. Two students are training for a marathon and debate whether it is better to drink regular amounts of water or drink when thirst is experienced. They experiment by measuring body weight before and after a one hour run and measuring amount of water consumed. They also wonder if there is any evidence about type of fluid consumed during exercise e.g. water vs isotonic sports drinks. The case considers overhydration resulting in hyponatraemia, and dehydration leading to a raised haematocrit. The case also considers a post-operative patient on IV fluids. How do doctors work out how much or how little fluids patients need to receive whilst they are nil by mouth and cannot drink to prevent dehydration? And whether too much fluid may result in post-operative complications?



### Lectures:

1. **Introduction:** Describe the balance of fluid intake and loss, and how it is affected by situations such as fever, hyperventilation, sweating and diarrhoea
2. Outline the daily requirements (in mmol/kg body weight) of sodium and potassium
3. Describe the symptoms that a patient might complain of in a state of dehydration
4. **The Urinary Tract:** Describe the structure and function of the various components of the urinary system, including nephron, urinary pelvis, ureters, bladder and urethra
5. **Glomerular filtration:** Define 'glomerular filtration rate' how this is regulated and clinical evaluation. Describe the blood supply and venous drainage of the nephron and how glomerular blood flow are regulated
6. **Tubular reabsorption and secretion:** Outline how sodium, potassium, bicarbonate, calcium, glucose, amino acids, water and hydrogen ions are handled by the nephron
7. Recognise the ECG changes associated with hyperkalaemia as an important patient safety issue/medical emergency
8. **Control of blood osmolarity/osmolality:** Describe the regulation of total body water and plasma osmolality, the role of antidiuretic hormone and clinical effects of hyponatraemia
9. **Control of blood volume:** Describe the regulation of blood volume, including the role of the renin-angiotensin-aldosterone system. Outline the advantages and disadvantages of giving fluids via the enteral and parenteral routes. Explain how the water content of 1L of intravenous (a) 5% dextrose (b) 0.9% Normal Saline is distributed through the body's fluid compartments. Outline the constituents of oral rehydration therapy, and its importance in Global Health. Describe the role of the urinary system and sweating in the regulation of temperature and hydration. Explain how hypovolaemia can lead to orthostatic hypotension, and the role of measuring postural blood pressure
10. **Acid base balance:** Describe the regulation of arterial pH, including compensatory processes

11. Describe how vomiting, diarrhoea, insulin deficiency and shock lead to acid-base disturbance
12. **Renal function tests:** Describe the role of creatinine in assessing renal function. Perform a urinalysis using DipStix and interpret the result, and describe how it would be different in a patient that is nil by mouth for 12 hours. Describe the endocrine control of blood concentration of calcium and phosphate ions. Describe the clinical evaluation of the state of hydration of a patient and be aware of its limitations, including skin turgor, capillary refill, pulse rate, postural blood pressure, JVP, mucous membranes, fontanelles, body weight, U&Es (urea and electrolytes) and fluid charts.
13. **Micturition and incontinence:** Describe the control of micturition and its development as a learned reflex.
14. **Nitrogen metabolism and excretion:** Describe the metabolism of proteins in the fed and fasted state, including transamination reactions and the difference between glucogenic and ketogenic amino acids. Describe nitrogen balance (including the urea cycle), including dietary sources, requirements of essential and non-essential amino acids, and nitrogen excretion. Outline the effect of the stress response upon protein metabolism

*Practicals:*

**Urinary Physiology:** Measure and describe the rate and time course of water and sodium excretion after ingestion of fluid

Describe and explain the effect of posture and exercise on water and sodium excretion

Use urinalysis test strips to test a urine sample for pH and the presence of blood, protein and glucose

**Applied Urinary anatomy and histology:**

Recognise and describe the histology of the structures that make up the urinary system

Integrate the histological structures with functional aspects of the urinary system

Label diagrams that illustrate the microanatomy and histological structures seen in light microscopic views of: a) The whole kidney and its blood supply; b) The nephron and glomerulus; c) The bladder and ureters

*Helical Themes:*

- Behavioural and social science
- Learning and teaching
- Evidence based practice
- Global and public health

## Urinary system session plan

### ***EC focus of the fortnight: Activating***

*Describe how clinicians can work collaboratively with patients, to activate patients' own resources, and motivate change from within*

#### **Global EC ILOs**

- Describe how the underlying anatomy of the abdomen and urinary tract can be assessed clinically
- Outline how the underlying physiological processes of the gastrointestinal and urinary tracts can be assessed clinically
- Describe the importance of activating patient's self-care in the clinical encounter
- Describe how health professionals might activate their own self-care to maintain wellbeing
- Describe the circle of care model
- Describe the use of health care apps and online resources in clinical practice
- Consider levels of evidence when assessing sources of healthcare information

#### **Clinical communication ILOs**

- Describe an approach to asking sensitive questions (e.g. about bowel and bladder function)
- Practise using the brief intervention stages of change cycle, and motivational interviewing skills in a clinical encounter, building on active listening and counselling skills.
- Describe the factors involved in the assessment of patients' lifestyle and resilience, and how this can be used to facilitate and activate patients' self-care

#### **Patient Perspective ILOs**

- Describe the importance of eliciting the patient's understanding, ideas and concern for engaging patients in self-care and behaviour change

| <b>Urinary Session Plan Primary Care</b>  |                 |
|---|-----------------|
| Check in.<br>Review of last session<br>Run through session objectives   | 10 mins         |
| Tutor time: <ul style="list-style-type: none"> <li>• Prepare the students to meet the patient (home visit or patients coming in to surgery for session)—give brief on any important information</li> <li>• Set tasks to achieve e.g. <i>the focus this week is on doctors can work with patients and motivate them to make lifestyle changes and self-care</i></li> </ul>   | 10 mins         |
| Meeting a patient or observing surgery<br>Home visit in pairs with pair observing clinic OR bring 1-2 patients into surgery to meet you and students as a group.<br>N.B/ If students are sitting in on GP consultations observing you can set the following as observation tasks:<br><br>Tasks for students: <ol style="list-style-type: none"> <li>1. Continue to build on your skills of talking to patients. You can use the TEMPLATES (see appendix) to reflect on your own conversations with patients or use to help you observing your GP or colleague talking to patients.</li> <li>2. Observe and note how you or your GP approached any sensitive topics e.g. weight or bowel habit.</li> <li>3. Consider the anatomical and physiological processes of the gastrointestinal/urinary systems that can be assessed clinically e.g. pulse, skin pigmentation, bowel habit, urine, hydration status?</li> <li>4. Think about the patients you met today. How did you (or the doctor if you were observing) find out about the patient's lifestyle? Do you think there are any lifestyle changes the patient could make that would improve their wellbeing? Do you think the patient is motivated to make any changes to their lifestyle? If not, is there anything that they might have needed to make changes e.g. more information or support?</li> <li>5. For the patients you have met today can you (with your GP's help) identify any apps or resources that might help your patients better manage their problems? How does your GP look for information that is accurate and evidence based?</li> </ol><br>*OPTIONAL TASK: If the students return early from the home visit get them to look up an information leaflet on a topic relevant to the patient they've seen. What types of information does it contain that might be useful to a patient? How does the student know if the information is evidence based? | 1.5-2 hours     |
| Discussion time<br>Topics to discuss considering the patient/s you have encountered <ol style="list-style-type: none"> <li>1. Addressing sensitive areas of the medical history—top tips</li> <li>2. What we mean by engaging our patients in self-care and behaviour change?</li> <li>3. What resources/apps/charities help patients manage the conditions they live with?</li> </ol>  | Approx. 45 mins |
| Feedback and Close:   | 5 mins          |

## Exploring sensitive topics with patients

The gastrointestinal/urinary systems touch on several topics that students and patients may perceive to be sensitive areas;

- Weight
- Bowel habit
- Urinary symptoms
- Alcohol intake
- Chance of pregnancy and sexual history (covered later in the medical course).

Medical student anxiety may stem from not being used to asking about these topics, not knowing how to word questions or not knowing how patients will react. Patient anxiety may stem from embarrassment, worries about being judged, worries about confidentiality or being uncertain of the relevance of the questions they are being asked.

Techniques that decrease anxiety include:

- Explain why you are asking—you may need to address confidentiality
- Ask permission
- Talk in factual terms (not judgmental terms)
- Ask about specifics not generalisations

|   |  |
|---|--|
| Preparing the patient and setting the context   | <p>“I need to ask you about your lifestyle to better understand your situation”</p> <p>“I need to ask you about your bowel habit to better understand how your gut is working”</p>   |
| Asking permission   | <p>“I always ask about alcohol intake because it has an important impact on overall health. Would it be okay if I ask you about your alcohol intake?”</p> <p>“Is it okay if I ask you some questions about your lifestyle?”</p>                                |
| Ask factual, specific questions.  | <p>“How often do you open your bowels?”</p> <p>“Has your weight changed recently?”</p>   |
| Avoid generalisations and judgmental questions e.g. “Do you eat a healthy diet?” “Do you get drunk”     | <p>Instead:</p> <p>“Talk me through what you eat in a typical day?”</p> <p>“How many drinks containing alcohol do you typically have on a single occasion?”</p>  |
| Normalise   | <p>“Sometimes people notice blood in the stool or after they’ve opened their bowels, is that something you’ve ever noticed?”</p>   |
| Assume the behavior is already happening (normalizing) but be careful as these are leading questions... | <p>“How often do you have a drink containing alcohol in an average week?”</p>  |
| Closed questions and a “menu” of responses  | <p>When asking sensitive questions closed questions can help relieve anxiety about how to answer as can giving a menu of responses. “Do you open your bowels; every day, several times a day, or do you go for a day or more without opening your bowels?”</p> |

## Activating self-care (taken from the student guide)

*Describe how clinicians can work collaboratively with patients, to activate patients' own resources, and motivate change from within*

### **Motivating patients to make lifestyle changes**

The skill of motivating patients to make lifestyle changes builds on the skills of explaining we addressed in the GI case. One reason we might give explanations to patients is to motivate them to make changes in their life. If patients understand that their nutrition, habits or lifestyle are causing some of their symptoms, or puts them at future risk they may be more motivated to make changes. This is something you will cover in more detail later in the course where you will learn about motivational interviewing and health behaviour change. For now, we want you to be aware about why doctors need to understand a patient's lifestyle and the role doctors have in engaging the patient to take care of their own health.

### **Why is lifestyle important?**

People's lifestyle has an enormous impact on their health. Smoking, sexual risk taking, inactivity, poor diet and alcohol are the cause of a number of diseases. There is also considerable evidence that improving lifestyle factors improves symptom control in a number of chronic conditions. Most evidence based guidelines such as those produced by the National Institute for Health and Clinical Excellence (NICE) address lifestyle factors as a key part of treatment. For example, the British Thoracic Society recommends that patients with Chronic Obstructive Pulmonary Disease (COPD) are referred for pulmonary rehabilitation to improve exercise capacity, health status, dyspnoea (breathlessness) and psychological wellbeing.<sup>1</sup> The NICE guideline on Depression in adults: recognition and management recommends that a treatment programme should address sleep, physical exercise, social isolation, and engagement with social activities.<sup>2</sup>

There is little people can do to influence their genetic susceptibility to illness, and social circumstances can be difficult to change in the short term but people can make changes to their lifestyle and influence their health if they know how to do so, and why it's important to them. Doctors are in an ideal position to advise people on healthy lifestyle and encourage people to make changes. People are often particularly willing to review their behaviour at times of transition such as pregnancy or illness.

### **Some areas where patient self-care is important**

| <b>Area of impact</b>   | <b>Example</b>   |
|---|--|
| Prevention of illness and premature death by tackling root causes   | Reduction of cardiovascular risk by stopping smoking and healthy eating            |
| Improved prognosis and delaying need for pharmacological management | Diet change and weight loss in impaired glucose tolerance prevents type 2 diabetes |
| Improved concordance with treatment                                 | Sticking to an exercise regime after injury  |
| Benefit to families   | Improved child health when parents stop smoking                                    |
| Benefit to societies  | Prevention of ill health is more cost effective than treatment.                    |

Doctors can:

- Provide objective, accurate information
- Compare a patient's behaviour with normal or recommended e.g. see box 1 physical activity
- Give specific advice tailored to the patient, and make it personally relevant
- Help the patient make concrete plans and goals, or refer to another service e.g. pulmonary rehabilitation
- Support and encourage over time

Box 1: Recommendations on physical activity

The Chief Medical Officer recommends the following<sup>3</sup>:

- All adults (over 19) should be active daily
- At least 2.5 hours per week of moderate intense physical activity\* in bouts of 10 minutes or more (or 75 minutes of vigorous activity\*\*).
- Exercise to improve muscle strength two times per week
- Minimise time being sedentary for extended periods of time
- Older adults (over 65) at risk of falls should aim to undertake activity aimed at improving balance and co-ordination two times per week

\*Moderate-intensity physical activity leads to faster breathing, increased heart rate and feeling warmer. Moderate-intensity physical activity could include walking at 3–4 mph, and household tasks such as vacuum cleaning or mowing the lawn.

\*\*Vigorous-intensity physical activity leads to very hard breathing, shortness of breath, rapid heartbeat and should leave a person unable to maintain a conversation comfortably. Vigorous-intensity activity could include running at 6–8 mph, cycling at 12–14 mph or swimming slow crawl (50 yards per minute).

1. British Thoracic Society. BTS Guideline on Pulmonary Rehabilitation. Bolton CE, et al. Thorax 2013;68:ii1–ii30. doi:10.1136/thoraxjnl-2013-203808
2. NICE Depression in adults: recognition and management available from: <https://www.nice.org.uk/guidance/cg90> (accessed 28.2.18)
3. Department of Health. Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216370/dh\\_128210.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf) (accessed 28.2.18)

**Student task:**

**Try using the well-being wheel in the appendix of this guide with patients to see how they self-rate their well-being, and help identify where they can make lifestyle changes. Talk to your GP tutor about they address lifestyle with patients.**

## Supporting patients to live well with challenges to their health

Patients are experts on themselves and their lives and make choices about their health and wellbeing. Unless a patient is admitted to hospital for intensive care e.g. after major trauma or relies on a carer to provide their needs, most people look after themselves for the majority of their lives and make their own decisions. In the context of an adults' life, a visit to the doctor is a very short and (usually infrequent) occurrence. Most symptoms e.g. sore throats, tiredness, headaches, and joint pains are managed in the community without people seeking professional healthcare. To help them self-manage people may look up information about their symptoms or get advice from friends or family. There is a vast amount of information available in magazines, on line and from Apps. But how do people know what is accurate information? When we see patients, it should be part of our routine consultation to make sure they know where to access advice that is helpful, accurate, kept up to date and evidence based.

Once someone has visited the doctor they have to put into place the management plan agreed with the doctor whether it is to monitor their symptoms, make changes to their lifestyle, do prescribed exercises, take medication or book a further appointment. Often patients can't take on board all the information they need to manage their health in one consultation with a doctor, and they may have further questions that they didn't think to ask in the consultation. This is where doctors can help by providing symptom or disease specific resources. It may be a charity or support group for patients or it may be further information about their condition.

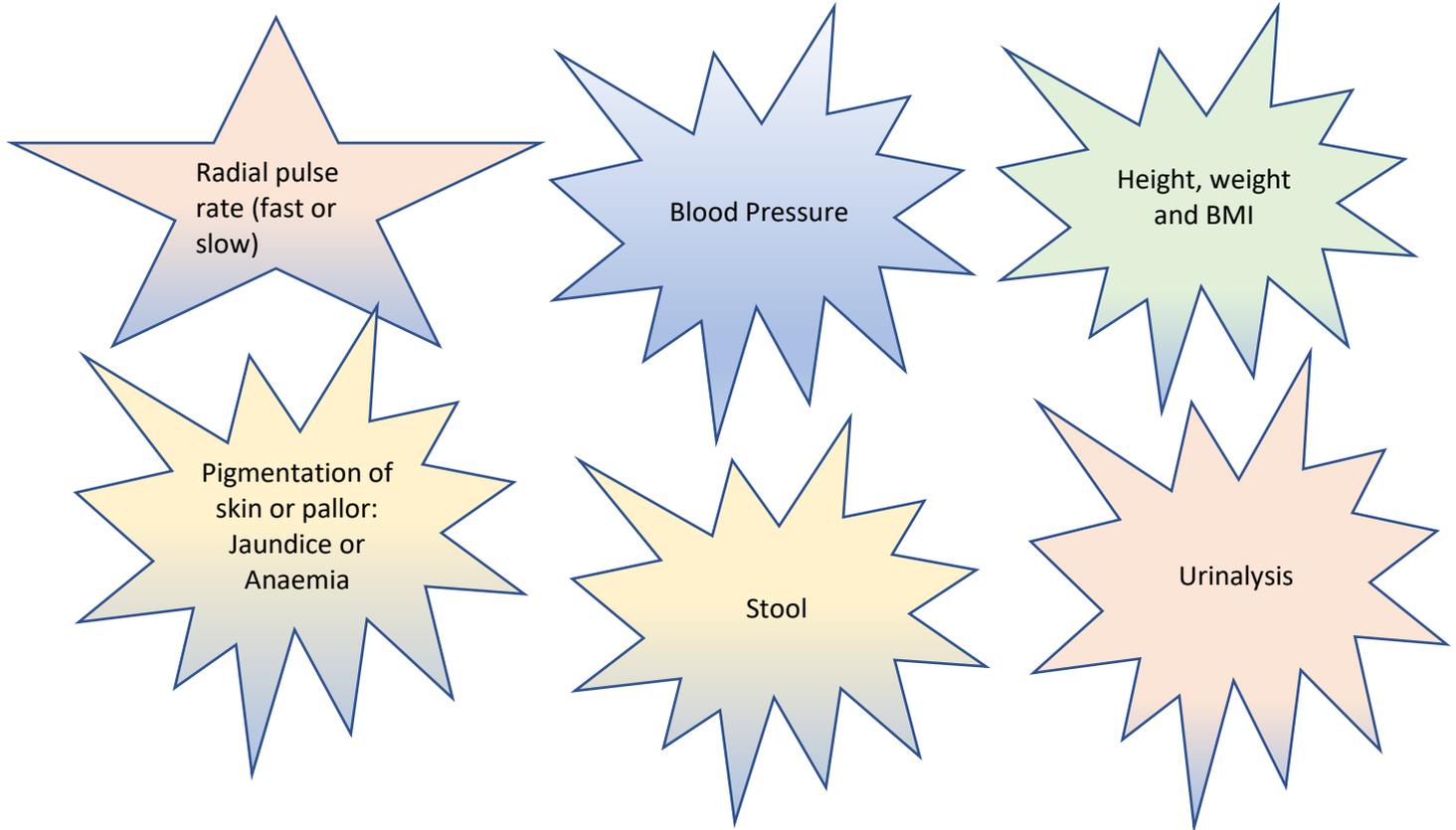
### Student task:

**Talk to your GP tutor about resources that they frequently recommend to patients. What do they look for in a resource to check it is evidence based and up to date?**



## Clinical Assessment of the Gastrointestinal and Urinary Tracts

You will be introduced to pathology and symptoms such as abdominal pain in Year 2. In Year 1 you are looking at how the normal gastrointestinal system and abdominal organs are structured (anatomy) and how they work (physiology). We want you to think about how gastrointestinal processes, and abdominal organ function can be assessed clinically.



### **GP Tutor task:**

**The students should not expect you to teach them a gastrointestinal examination, they will cover an introduction to the examination during their hospital placement, and they can watch videos (links at end) if they are keen! If you get a chance show them how to do a urinalysis or talk through a stool chart or BMI chart. If you do any examination or clinical skills you can use the following notes.**

## The clinical examination with a focus on hydration status and surface anatomy of the abdomen

(Do not examine patients without a tutor present. You may not cover examination on GP placement, but this will be introduced on your hospital placements.)

- Describe the structure and components of the clinical examination

Once you have obtained verbal consent from the patient you should ask them whether they would like a chaperone present. Make sure the patient is comfortable. Before you start, make sure you wash your hands.

You will notice within all the systems we follow the following order:



1. Observation around the patient, look for clues to help you work out what is going on – a patient in hospital may have a “Nil by Mouth” sign by the bed, or a drip, nasogastric tube or catheter.
2. General appearance Look at the patient from the end of the bed:
  - a. Do they appear to be in pain or unwell?
  - b. What is their general appearance? Do they look underweight or overweight? Consider their complexion—particularly do they look yellow? (jaundice—see picture below). If they look pale you want to consider anaemia (they may not be absorbing iron properly from the gastrointestinal tract, not getting enough iron in the diet or losing blood). To check you should look for conjunctival pallor by pulling down the lower eye lid while they look upwards.
3. Look at the hands and nails. You will learn a systematic approach to examining the hands and nails and all the things you need to look for in Year 2. For now, just consider what you can observe, your tutor will point out anything that may be significant.
4. Radial pulse. Refer to your notes for the cardiovascular and respiratory sessions. For the abdominal examination it’s important to note if the patient is tachycardic. A fast heart rate may indicate many things such as an infection e.g. appendicitis or fluid loss (dehydration) or blood loss.
5. Examination of the abdomen. The patient should be lying as flat as they can comfortably with their arms by their sides, the abdomen exposed, and abdominal muscles relaxed.



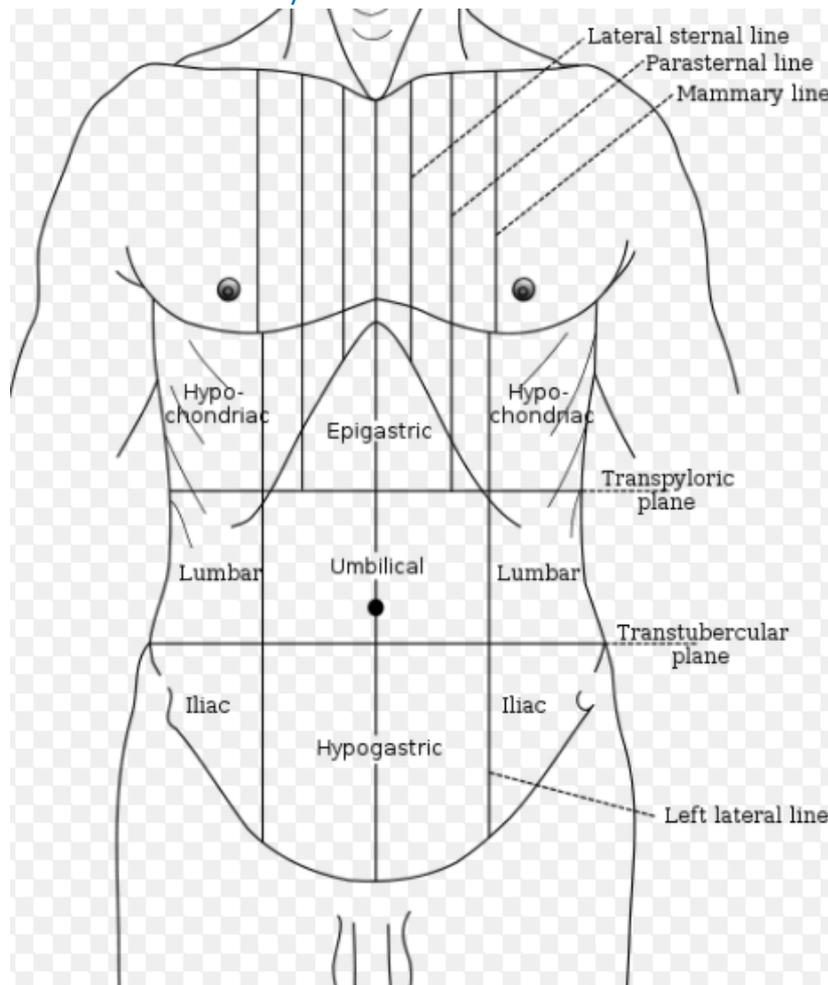
Remember...**INSPECT**, **PALPATE**, **PERCUSS**, **AUSCULTATE** You will learn how to do these things in a systematic way in Year 2 (you can look in Macleod’s Clinical Examination for detail). For now, we want you to be aware of what you can observe when you look at a patient and think about

what you are observing. To start with, think about the anatomy you have learnt. What is the surface anatomy of the abdomen?

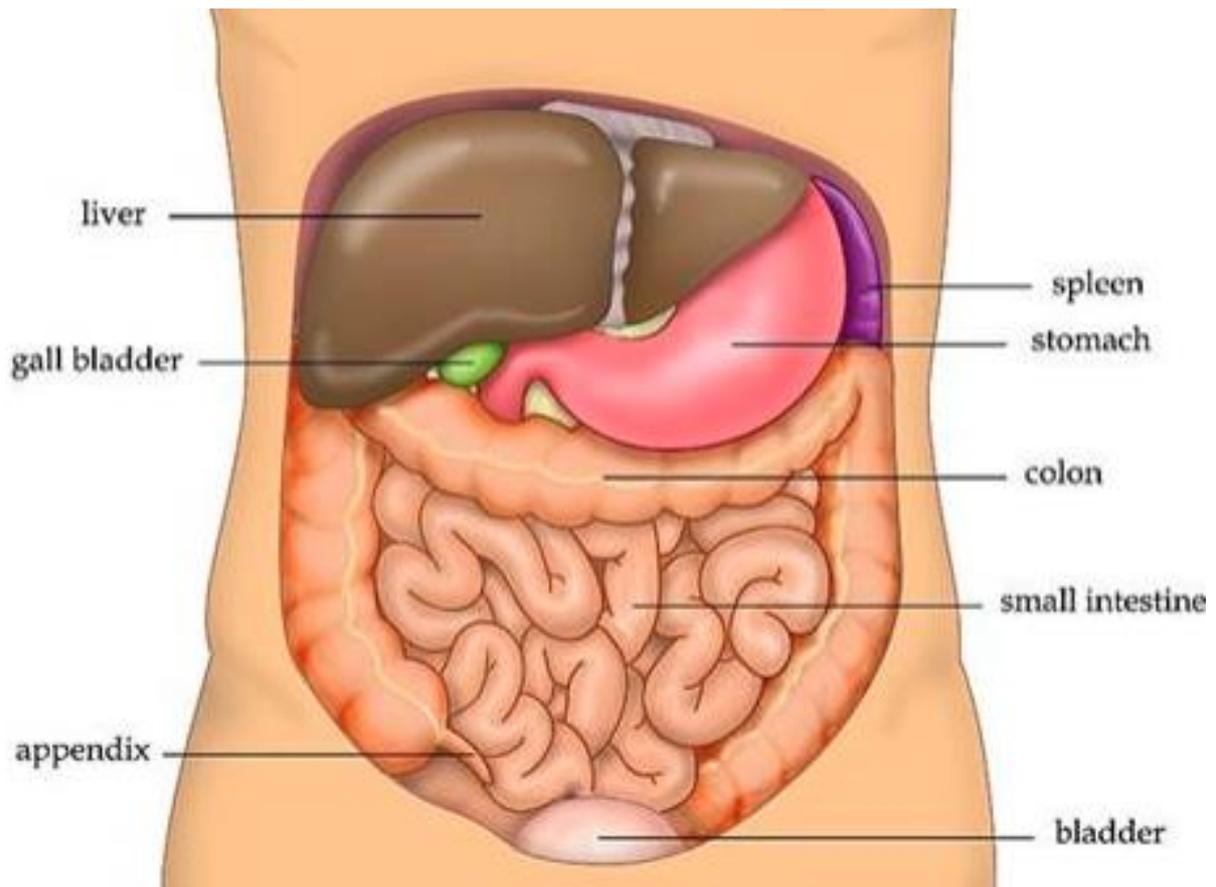
## Inspection

What can you see? You might see abdominal distension, visible lumps, scars, excoriations (scratch marks indicating itch). Is the abdomen moving with the breath? Is the movement symmetrical? You can ask the patient to take a deep breath in, or cough to assess pain with movement.

## Surface Anatomy—a reminder



The hypogastric area is also called the suprapubic area. The abdomen is often talked about in terms of left and right upper and left and right lower quadrants, but when you learn to palpate (feel) the abdomen you should feel in all 9 areas. You will, in time, be taught to palpate the abdomen. You start away from the site of a patient's pain and feel gently and superficially in all areas for tenderness or obvious masses. Then you examine all areas with deeper palpation feeling for deep areas of pain, masses or palpable organs. For now, you just need to consider the different areas and the underlying structures:

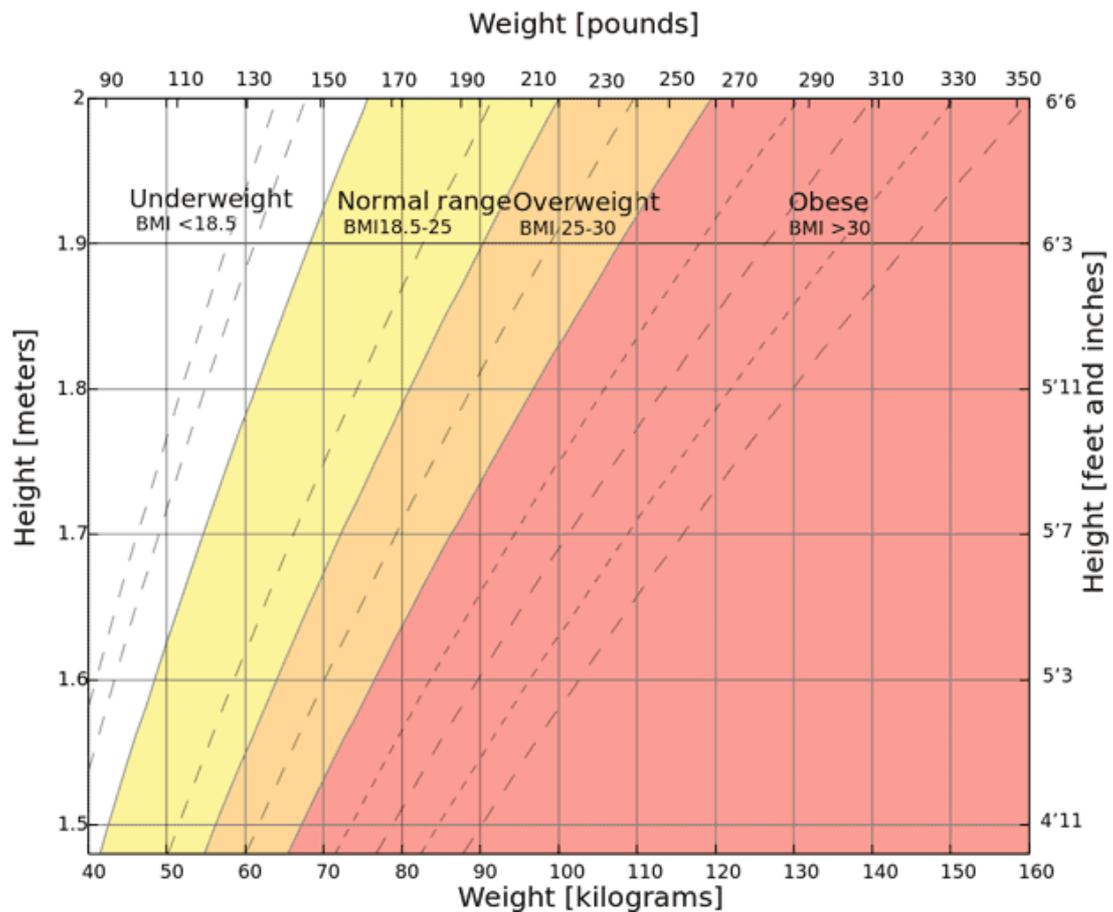


1. [http://commons.wikimedia.org/wiki/File:Anatomy\\_Abdomen\\_Tiesworks.jpg](http://commons.wikimedia.org/wiki/File:Anatomy_Abdomen_Tiesworks.jpg) 20/7/12

### Body mass index

This is a measure of whether someone is a healthy weight for their height. It needs plotting on a regular basis to give an objective measure of someone is gaining or losing weight. It is calculated by dividing body weight (in kilograms) by height squared (metres<sup>2</sup>). You can find a BMI calculator here: <https://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx>

It is a simple, inexpensive screening test but there are problems with it. It is a proxy measure of body fat but it is doesn't measure actual body fat or distribution of fat. It is less accurate if a patient has a high muscle mass e.g. athletes or has loaded with water (anorexic patients may drink excess amounts of water before weighing) In children BMI must be interpreted relative to age and sex.



## Urinalysis

Dipping a urine sample with a multistix test detects several substances in the urine including glucose, proteins, red cells, ketones and by products of bacteria such as nitrites. It is used to help investigate for urinary tract infection, and test for and monitor diabetes, kidney disease, high blood pressure, liver disease and other conditions such as metabolic disorders. It is also used for monitoring in pregnancy.



An explanation to patients about what a urine dipstix test is can be found here:

<https://patient.info/health/urine-dipstick-test> and how to collect a mid-stream specimen of urine here: <https://patient.info/health/midstream-specimen-of-urine-msu>

The following table is taken from the MB16 Consultation and Procedural skills (CAPS) logbook for students from Year 3 onwards. It gives a clear run through of how to do a urinalysis.

<https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Health%20Sciences/MB%20ChB%20Medicine/MB16%20Store/assessments/CAPS%20Logbook.pdf>

|  |
|--|
| 1. Introduce yourself, explain procedure to patient and obtain consent   |
| 2. Prepare equipment   |
| 3. Check that reagent strip has not passed expiry date.  |
| 4. Ask patient when urine sample was passed.   |
| 5. Put gloves on   |
| 6. Observe colour and opacity  |
| 7. Remove reagent strip from bottle, replace lid immediately and check that test pads are the correct colour at the start.   |
| 8. Dip the reagent strip into the sample of urine, ensuring that all the test pads are covered.  |
| 9. Remove reagent strip immediately, as you do so drag the back of the test strip against the sample pot to remove excess urine.   |
| 10. Replace lid on urine sample bottle.  |
| 11. Hold the stick so the urine does not run into individual test squares, wait the appropriate time before reading each result.   |
| 12. Use stopwatch to record time accurately and hold colour key next to the reagent strip*.  |
| 13. Decide if urine sample needs to be sent to laboratory or if the patient needs to do a MSU and then dispose of reagent strip and gloves. Dispose of urine in sluice or return to patient. |
| 14. Wash hands   |
| 15. Explain results to patient and decide what further action is necessary.  |
| 16. Record results accurately in notes.  |

#### GP TUTOR TASK:

##### Debrief

- Discuss the patients seen today.
- Students who have been on the home visit should now start to be able to “present” the case back to you. Students who have observed a patient in clinic can present a patient you have seen together back to their colleagues.
- Students are unlikely to be able to present the case in the way you would present a medical history, instead ask them to try and “tell a story from beginning to end”.
- What is the patient’s understanding of their condition or situation?
- How would you explain the condition to someone that knew nothing about it?
- Is there any further information they need?
- Were there any topics that felt difficult or sensitive to raise with the patient?

## Student Resources:

Your main text book for Clinical Contact is Macleod’s Clinical Examination. This can be accessed through the reading lists and library link on blackboard [here](#). Before Clinical Contact this week, you will find it helpful to read the following sections:

### Handwashing page 4

**Chapter 2:** History taking; pages 6-9; and Gathering information on pages 11-20.

**Chapter 3:** General Examination; pages 42-47.

**Chapter 8:** The Gastrointestinal examination; Anatomy pages 166-8. Wind, flatulence, abdominal distention and altered bowel habit and constipation p173-4. The history p176-8. The physical examination p178-82 (up to palpation only)

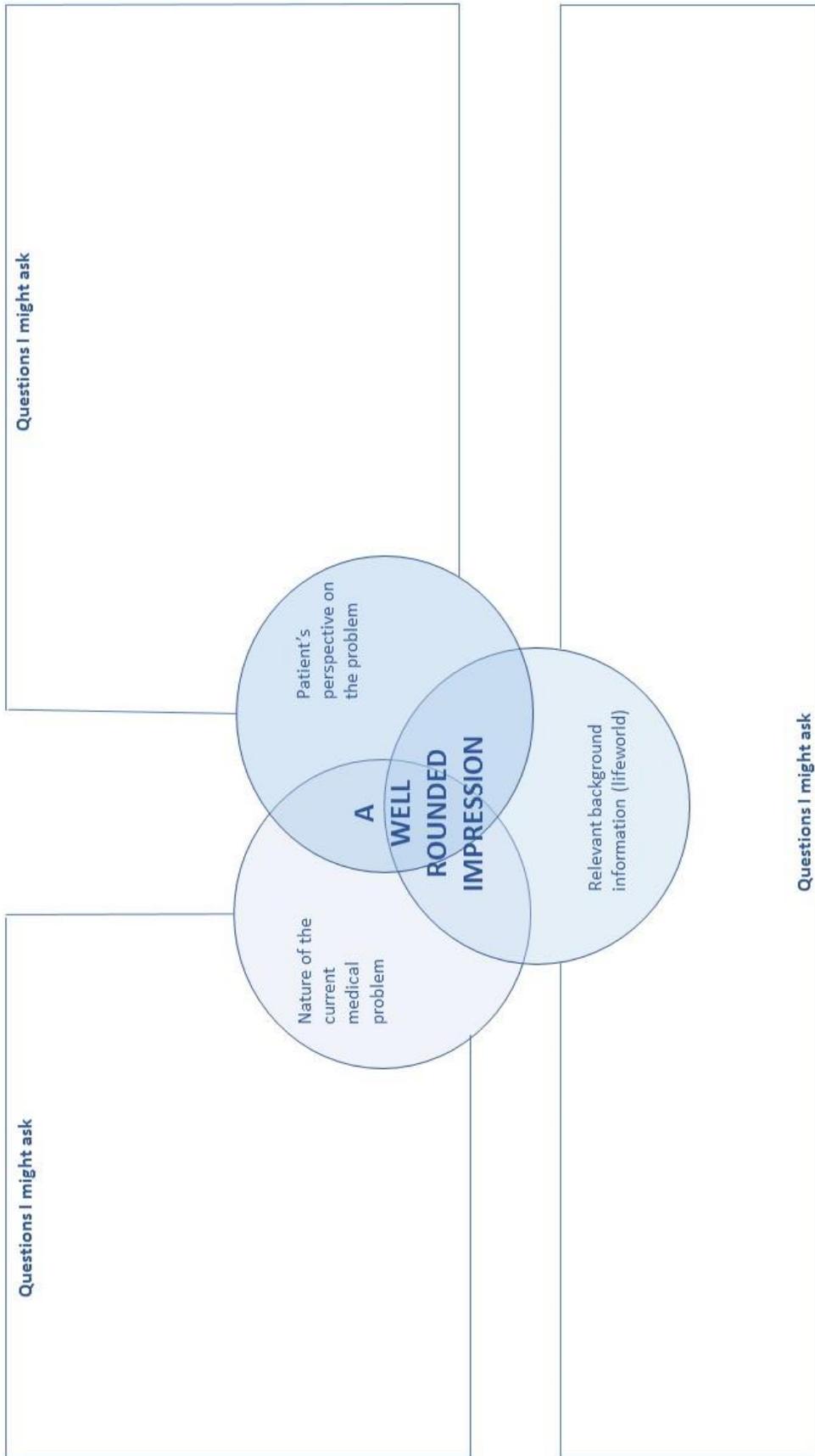
## Appendix 1: Templates

|                                       |  |                                 |   |   |
|---------------------------------------|--|---------------------------------|---|---|
| Nature of the current medical problem |  |                                 | Presenting problem  |   |
|                                       |  |                                 | Current health and current health problem   |   |
|                                       |  |                                 | History of presenting problem   |   |
|                                       |  |                                 | Background to the current problem   |   |
|                                       |  |                                 |   | Systems review  |
|                                       |  |                                 |   | More about the nature of the patient's overall health   |
|                                       |  |                                 |   | Past medical and surgical history   |
|                                       |  |                                 |   | Patient's previous health issues  |
|                                       |  |                                 |   | Drug and treatment history  |
|                                       |  |                                 |   | Current and past treatments and interventions<br>Prescribed medication<br>Allergies<br>Over the counter meds<br>Other interventions |
|                                       |  | Relevant Background / lifestyle | Social history  |   |
|                                       |  |                                 | Social history: occupation, smoking, alcohol, accommodation, etc  |   |
|                                       |  |                                 | Other background information  |   |
|                                       |  |                                 | Risk factors – modifiable, and non-modifiable   |   |
| Patient perspective on the problem    |  |                                 | <i>Assessment of wellbeing, lifestyle and relevant background</i><br>- <i>Connectedness (family, friends, community, self)</i><br>- <i>Physical and Mental wellbeing (sleep, healthy eating, exercise, emotional health)</i><br>- <i>Daily life (finance, work, environment, fun)</i> |   |
|                                       |  |                                 | Ideas, concerns, expectations, impact, emotion (ICEIE)  |   |
|                                       |  |                                 | Ideas the patient has about their health and condition  |   |
|                                       |  |                                 | Things the patient is hoping to happen in the consultation today  |   |
|                                       |  |                                 | Concerns that patient has about the consultation, their health, their condition or anything else  |   |
|                                       |  |                                 | Impact that the patient feels this is having/ will have on their health, or more generally  |   |
|                                       |  |                                 | Emotions around the consultation (anger, fear, relief etc)  |   |

As you progress through your medical degree you will be introduced to the concept of a 'medical history': the formalized way in which we clinically record and present information both verbally and in writing. P11-20 and 32-39 of McCleod's Clinical Examination (13<sup>th</sup> Ed) provide an outline of content and format.

You are not expected, nor encouraged, to have clinical conversations with patients in this checklist fashion. The template here is provided to illustrate how GATHERING information through history overlays with a more traditional clerking structure. Remember, Gathering is broader than just 'history' it includes other sources of information, previous results, examination findings etc.

**How to use this template: use this as an observation and reflection tool. Did you, your peers or your GP gather this information? How was it obtained? What worked well?**



|   |              |
|---|--------------|
|   | My thoughts: |
| What do I think the nature of the medical problem is?   |              |
| Why?  |              |
| What do I think the relevant background and lifestyle information is?   |              |
| Why?  |              |
| What do I think the patient thinks about what's going on? (ICEIE)   |              |
| Why?  |              |
| Is there anything that doesn't fit?   |              |
| Is there anything else I'd like to know? (either from the patient, from the Dr, from the records, or from another source such as a text book) |              |
| <b>What words or phrases might I use to explain this? How did the doctor explain this? What skills were used?</b>                             |              |