LIMMER EDUCATION

DYNAMIC LEARNING EXERCISE

INSTRUCTOR KEY

Patient Assessment Pathways

<u>Student copy of this exercise included in this packet.</u> The purpose of this exercise is to transition the student from lecture/concepts in patient assessment into actual patient assessment practice. They get to apply the process and thinking required before getting in front of a simulated patient.

This exercise can be done in a number of ways. If you have the ability, break students into groups and have them write their work on a dry erase board or large sheets of paper. Alternatively, students can do the work individually. Students can be assigned one patient or all four. To complete all 4 patients, including student presentations and discussion, place on 60 minutes for this exercise.

There are 4 patients below. Two are medical patients, two are trauma patients. For each patient:

- The scene size-up has been completed. There is only one patient, and the mechanism of injury/nature of illness is stated.
- Your primary assessment has also been completed. The patient is able to answer your questions and has no obvious threats to A B C.

Keep students out of the weeds. Make the instructions clear. They should be focusing on the secondary assessment in this exercise.

Your assignment is to:

- Use a differential diagnostic approach to the patient's complaint.
- Consider the components of a complete history and physical examination considering involved body systems.
- List all of the history questions and physical examinations you will perform on the given patient. These don't have to be in order or even neat. This is about thinking and putting together a solid assessment.

Be sure to encourage the differential diagnostic approach. Have students make a robust but not ridiculous list of possible causes before they start the exercise. This list will be used to verify the thoroughness of the assessment (did it work to rule in/rule out the conditions they chose). Trauma will obviously be different as far as differentials but students should be sure to consider whether the injury was caused by a medical condition or if it was true accidental trauma. **SAMPLE/OPQRST is a good start but be sure students ask focused questions based on body systems.**



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Patient #1

A 67-year-old male complains of chest pain.

Cardiac is the first consideration here - and likely the most critical. But students should also consider pneumothorax, pulmonary embolus, pneumonia, muscle pull/trauma, etc. Beware of diagnoses of exclusion (e.g. stress, GERD)

Patient #2

A 43-year-old male tripped on a curb. He believes he broke his wrist.

Are there possible additional injuries along the path of force or elsewhere on the body? Should the patient receive a focused exam (just the wrist) or a head-to-toe exam? Verify that the fall was caused by tripping as opposed to a medical emergency.

Patient #3

A 17-year-old female has difficulty breathing. She says she ran out of her inhaler.

Compare and contrast a 17-year-old patient with respiratory distress and the 67-year-old patients earlier as far as conditions which would be more likely. Discuss horses vs zebras in differential diagnosis. It would also be valuable to review upper vs. lower airway sounds and techniques of auscultation of the chest. Differentials may include asthma, pneumothorax, anaphylaxis, pneumonia. The role of sudden vs. gradual onset in diagnosis is a good one here as well.



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Patient #4

A 35-year-old female fell 15 feet from a roof. She tells you she thinks she broke her leg.

This one offers a significant MOI as opposed to the prior case. There is a greater risk of internal injury here. Identifying and differentiating critical from non-critical findings early in the assessment makes good discussion as does the head-to-toe vs. focused exam issue.

Questions/Debriefing How did the medical and trauma assessments differ? How were they similar?

Why is differential diagnosis important?

How do the following concepts assist in the assessment process?

- Sudden vs. gradual onset
- Mechanism of injury
- Open ended vs. closed ended questions
- How likely is the past history to relate to the current complaint?

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Patient #1

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Patient Assessment Pathways

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Patient #3

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