Test Bank for Evidence-Based Physical Examination Best Practices for Health & Well-Being Assessment 1st Gawlik

Test Bank for

EVIDENCE-BASED PHYSICAL EXAMINATION

Best Practices for Health and Well-Being Assessment

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Chapter 2: Evidence-Based History-Taking Approach for Wellness Exams, Episodic Visits, and Chronic Care Management

MULTIPLE CHOICE:

1. A 20-year-old patient presents to the office for a wellness exam. The clinician assesses the patient's use of seat belts. Which component of the wellness exam is assessed?
   a. History of present illness
   b. Past medical history
   c. Assessment and plan
   *d. Anticipatory guidance

   Wellness exam section: All wellness exams have the same general components:
   - *A comprehensive history and physical examination*
   - *Anticipatory guidance, addressing risk factors and the interventions, or counselling to reduce the identified risk factors*
   - *Ordering appropriate immunizations, laboratory/diagnostic procedures*

2. Which of the following is *not* an element of history taking?
   a. Chief concern
   b. Family history
   *c. Physical examination
   d. History of present illness

   Episodic visit section: The general framework for the elements of history taking:
   - *Chief concern (CC)*
   - *History of present illness (HPI)*
   - *Past medical history (PMH)*
   - *Family history (FH)*
   - *Social history (SH)*
   - *Review of systems (ROS)*

3. Patient presents to the office with shoulder pain for 1 week. Pain is constant, burning, and reported worse at night. During the patient interview, the clinician asks the patient "Can you tell me what you have been doing for your shoulder pain?" The clinician is asking information about
   *a. modifying factors
   b. quality
   c. associated signs and symptoms
   d. health promotion

   Episodic illness section: The history of present illness contains eight elements:
   - *Location (e.g., left elbow)*
   - *Quality (e.g., aching, sharp)*
   - *Severity (e.g., 5 on a 1–10 scale)*
   - *Duration (e.g., started 2 days ago)*
   - *Timing (e.g., constant)*
   - *Context (e.g., plays tennis every day)*

- *Modifying factors (e.g., pain relief when ice applied)*
- *Associated signs and symptoms (e.g., left-hand weakness)*

4. What is the difference between an open-ended question and a closed-ended question?
   a. Open-ended questions are answered with yes or no; closed-ended questions are answered with more details than yes or no.
   *b. Open-ended questions have more details than simple yes or no or closed-ended questions are yes or no answers.
   c. Open-ended questions refer only to the physical exam section or closed-ended questions refer only to the history collection.
   d. The only difference between open-ended and closed-ended questions is the timing of when the questions are asked during the patient interview.

   Episodic visit section: Conducting the patient history begins with patient-centered interviewing skills to obtain the patient's perspective. It is important to ask open-ended questions. Open-ended questions allow a patient to articulate his or her symptoms, including both personal and emotional information. Open-ended questions delve deeper and often obtain discriminating features that the patient may not even be aware of. Asking open-ended questions and allowing a patient to elaborate on his or her symptoms ultimately saves the clinician time, in addition to providing critical clues to the diagnosis. Clinician-centered interviewing often uses closed-ended questions to obtain answers on the basis of the clinician's perspective. Closed-ended questions elicit a "yes" or "no" or short-phrase response from the patient. Closed-ended questions often make the patient feel like the subject of an interrogation and limit both the patient and the clinician from developing a relationship.

5. A set of evidence-based recommendations for preventive services were developed by which agency?
   a. U.S. Agency of Health and Human Services
   b. U.S. Institute of Medicine Task Force
   *c. U.S. Preventive Services Task Force
   d. U.S. Center for Health and Wellness

   Wellness exam section: The U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention have developed a set of evidence-based recommendations for preventive services.

6. An established patient presents for a follow-up visit for her stable hypertension. During this visit, the clinician can update the review of systems, past medical history, family history, and social history by simply stating the information was reviewed and updated from the previous patient encounter.
   *a. True
   b. False

   Chronic care management visit section: Past medical history, family history, social history, review of systems: The entire past medical history, family history, social history, and review of systems does not have to be repeated if there is evidence that the clinician reviewed the information and updated any previous information from an earlier patient encounter. The clinician must include in his or her documentation the date and location of the earlier patient encounter.

7. A 70-year-old patient presents for his wellness exam a week before Thanksgiving. The patient's last vaccines were given when he was 40 years old. Patient states, "I don't believe in all those shots. I already had the chicken pox when I was a kid; that's the best way to become immune. My kids made me come today since I haven't been to see a clinician in 30 years." Which vaccines would you recommend the patient receive today?
   a. Varicella, TD, zoster, pneumococcal
   b. TD, zoster, pneumococcal
   *c. Influenza, Tdap, pneumococcal, zoster
   d. Nasal flu mist, TD, varicella

   Wellness exam section: Patients should be given the option of receiving appropriate vaccines during the wellness exam. The immunizations schedule for adults aged 19 and older developed by the ACIP is as follows:
   - *Influenza annual*
   - *Tdap or TD with booster every 10 years*
   - *Varicella if not immune*
   - *Pneumococcal*
   - *Zoster*

8. When considering history collection during a wellness exam, which statement below is *not* correct?
   a. Wellness exams do not require a chief concern.
   b. Wellness exams are age and gender appropriate.
   c. Wellness exam include counseling and anticipatory guidance.
   *d. Wellness exams are based on a presenting problem.

   Wellness examination section: History of Present Illness: Patient history collection for wellness exams are not problem oriented and hence do not require a chief concern or history of present illness. Rather, a wellness exam should include a comprehensive history and physical examination appropriate to the patient's age and gender, counseling and anticipatory guidance, risk-reduction interventions, the ordering or administration of vaccine-appropriate immunizations, and the ordering of appropriate laboratory and/or diagnostics. The wellness exam differs from the episodic visit or chronic care management visit because the components of the wellness exam are based on age and risk factors, not a presenting problem.

9. Which is *true* about the use of screening tools to assess depression?
   *a. Screening tools like the PHQ-2 and PHQ-9 are recommended and evidence based.
   b. Screening tools should be used only when the clinician is short on time for the visit.
   c. Screening tools like the PHQ-2 and PHQ-9 are not to be used during wellness exams.
   d. Screening tools like the PHQ-2 are too short to be effective assessments.

   Wellness examination section under social history and preventive exams. Mood: Screen for depression using PHQ-2 or PHQ-9 to confirm diagnosis and its severity. Depression screenings are recommended in the general adult population, including pregnant and postpartum women. The depression screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

10. Weight obtained during a patient's chronic care management follow-up visit for hypertension finds the patient's weight has increased 10 lb over the past year and that her body mass index (BMI) is now in the morbidly obese category. During this visit, the clinician should place greater emphasis on
    a. physical examination findings
    *b. lifestyle modifications
    c. updating social history
    d. management of hypertension

    Chronic care management section: Because of the huge impact a patient's lifestyle has on the risk of chronic disease, greater emphasis during chronic care visits is placed on counseling for lifestyle modifications and risky behaviors. Time must be spent on compliance assessment and in negotiating with patients' specific treatments and behavior modifications that are needed over a longer period of time. Successful lifestyle modifications include self-monitoring, feedback and problem-solving, as well as motivation and support.

SHORT ANSWER:

1. Explain the components of the comprehensive patient interview.

    Correct Answer: Episodic visit section:

    Chief complaint: The chief concern is the patient's main concern for the episodic visit. The chief concern describes the symptom, problem, condition, diagnosis, or main reason for the visit. The chief concern is in the patient's own words.
    History of present illness: In the history of present illness, the patient provides a narrative noting the timing of the presenting symptom, as well as the first time the symptom occurred or the time lapse from the previous patient encounter to the present encounter. The history of present illness contains eight elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

    Past medical history: The past medical history is the point in history taking where the patient identifies important past medical information. This past medical history should include the patient experiences with illnesses both acute and chronic (including pertinent childhood illnesses), surgeries, obstetric/gynecological, and hereditary conditions that could place the patient at risk. Also included in the past medical history is health maintenance, for example, immunizations and screening tests. Within the past medical history, medications and other treatments are reviewed. Review allergies, including allergies to medications, food, and environment.

    Family history: Family history is a review of the immediate family members' history related to medical events, illnesses, and hereditary conditions that place the patient's current and future health at risk. Immediate family includes parents, grandparent, siblings, children, and grandchildren. Obtain family history for at least two generation. If the person is deceased, ask about the age at death and cause of death, especially for first-degree relatives.

    Social history: Social history provides information regarding the patient's life, which includes the patient's behaviors and personal choices that may impact disease risk, disease severity, and outcomes. Address occupation, health promotion, safety, tobacco use, smoking, alcohol use, living arrangement, sexuality, intimate partner violence, stress, mood, and health literacy.

Review of systems: The review of systems assesses the other systems or problems not already discussed in the history of present illness. Systems included in the review of systems are as follows: constitution, head, eyes, ears, nose, throat, cardiovascular, respiratory, gastrointestinal, genitourinary, musculoskeletal, integumentary, neurological, psychiatric, endocrine, hematological/lymphatic, and allergic/immunological.

2. Discuss how the use of a health coach can impact a patient's lifestyle choices.

   Correct Answer: Because of the huge impact that a patient's lifestyle has on the risk of chronic disease, greater emphasis during chronic care visits is placed on counseling for lifestyle modifications and risky behaviors. Time must be spent on compliance assessment and negotiating with the patient-specific treatments and behavior modifications that are needed over a longer period of time. Successful lifestyle modifications include self-monitoring, feedback, and problem-solving, as well as motivation and support. Patients need ongoing support from family and friends and counseling from healthcare professionals. Health coaching improves quality of care and can be cost-effective for patients with chronic conditions. Health coaches work with patients to set small achievable goals, develop action plans, overcome barriers, and reinforce the clinician's treatment plan. Health coaches encourage and reinforce patient's self-management strategies.

3. Discuss two age- and gender-appropriate counseling topics to discuss with patients during a wellness exam.
   Correct Answer: Wellness exam section: Counseling: During the wellness exam, the clinician should include age- and gender-appropriate counseling and a discussion regarding interventions for identified risk factors. In addition, anticipatory guidance should be provided. Counseling should also include a conversation on preventive screenings recommended for the appropriate gender/age group.

   Age-appropriate screenings should be conducted to review a patient's functional ability and level of safety. Appropriate screening questions or standardized questionnaires to assess activities of daily living, fall risk, hearing impairment, and home safety should be used for age-appropriate populations.

   Age-appropriate screening to assess a patient's cognitive function should be conducted initially by direct observation, in addition to any information reported by the patient or concerns raised by family members, friends, caregivers, and others. If additional screening is determined to be warranted, use validated structured cognitive assessment tools to further assess the patient's cognitive function.

   A discussion on advance directives should be conducted with age-appropriate patients. Advance directives assist individuals with end-of-life planning. Advance directives should include a discussion with the patient about future care decisions that may need to be made and identifying a healthcare decision maker. Advance directives allow patients to share with others their healthcare preferences should they be unable to make their own healthcare decisions.

   During a wellness exam review, assess for patient's risk for depression. Include in the assessment the patient's current and past history of depression or any other mood disorders. Incorporate the use of validated depression screening tools such as the PHQ9.