

# Introduction to clinical skills and communication

General examination



# The setting for general exam.

- When to start the physical examination ?
- Greeting and introduce your self
- Ask permission
- Privacy
- Environment
- Relatives
- Hand washing before and after
- Exposure
- **CHAPERONE**
- Fully equipped for the exam.

# Sequence for performing a P/E

- There is a common sequence that everyone should know but with time you will develop your own sequence.

The usual sequence is : applied to the whole body

- **Inspection**
- **Palpation**
- **Percussion**
- **Auscultation**

# First impressions

- Greet your pt ,introduce your self and shake hands
- General appearance of the patient (does the pt. look well )
- Eye to eye contact .
- Facial expression
- Be aware of the pt feeling ( anxiety , anger , grief )
- Clothing

# Medic alert bracelet



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- Complexion : the colour of the face depends upon the combination and the variation of haemoglobin status , melanin , and other pigments ( carotene , bilirubin, Fe )
- Sound
- Odours ( elderly , tobacco , alcohol or drug misuse , disability , mental retardation , also helpful in certain diseases ) and halitosis

- Movement ( tremor , flapping tremor - asterixis – jerky movement , poverty of movement ( bradykinesia )

# Sum.

- Whether the patient looks appropriate for his state of age or not . For ex., a pt of 18 years of age but he looks like a 7 year old boy.
- Does he look appropriate in weight and height ??
- How the pt stands, walks ..
- Is the pt alert ?? does he respond ?? or in a coma ??
- Then you assess whether he is comfortable or having pain.
- The color, complexion of his face..
- How he breathes..
- Is he sweating or he looks dry..
- Is he dehydrated or edematous..



# Specific faces

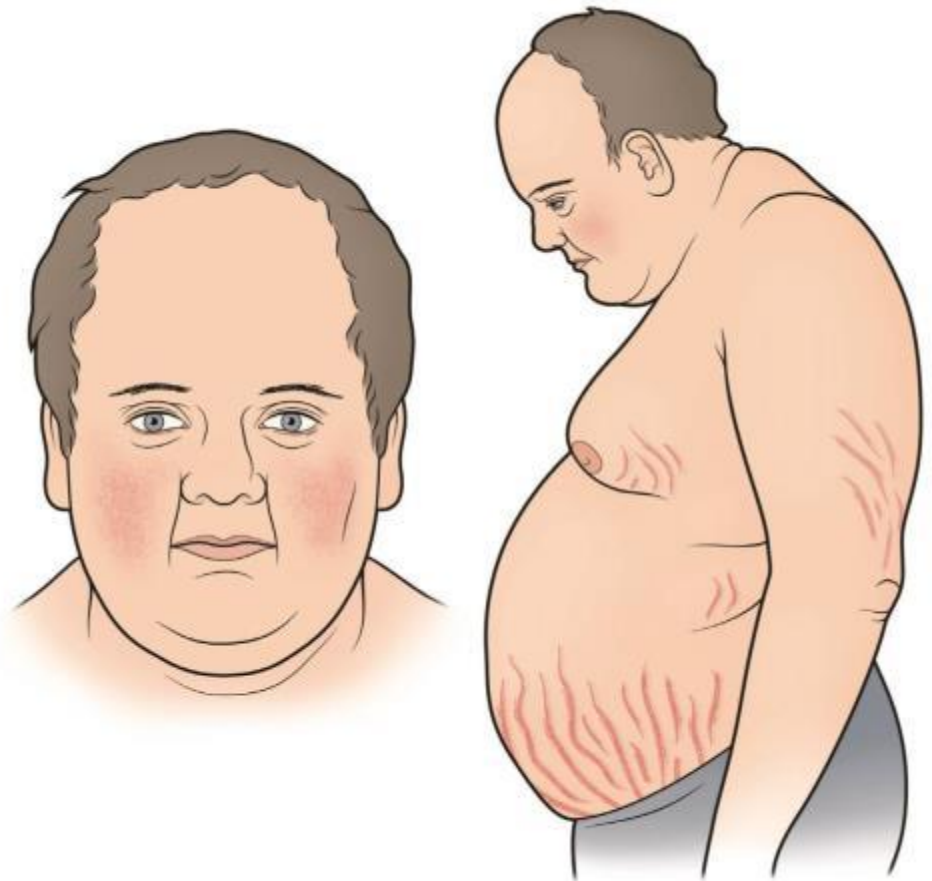
- Endocrine faces
- Neuromuscular faces
- Metabolic faces
- Hematologic faces

# Endocrine faces

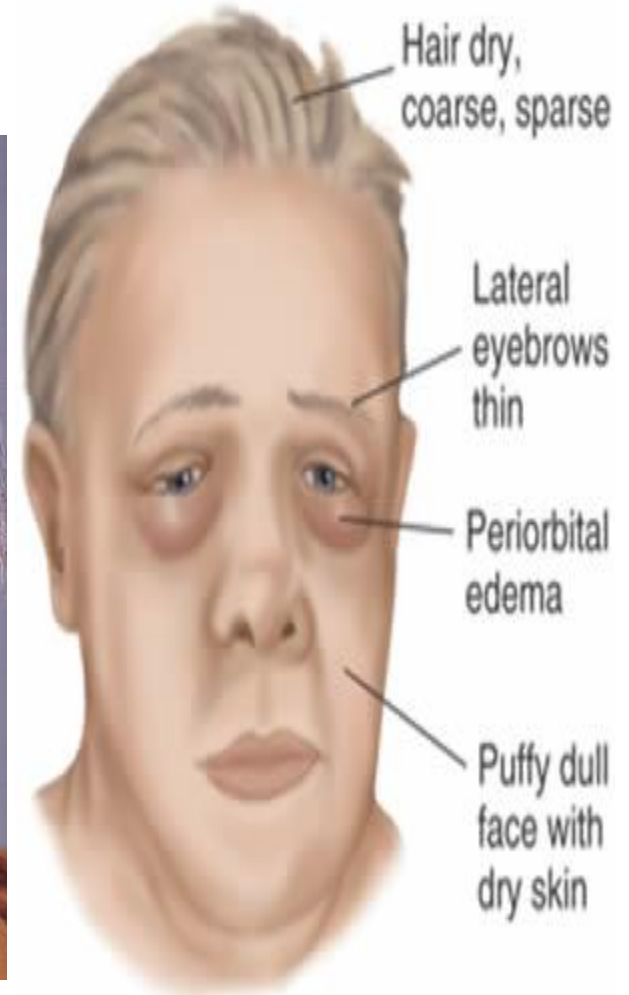
## Acromegaly



- Cushing faces



- Hypothyroidism



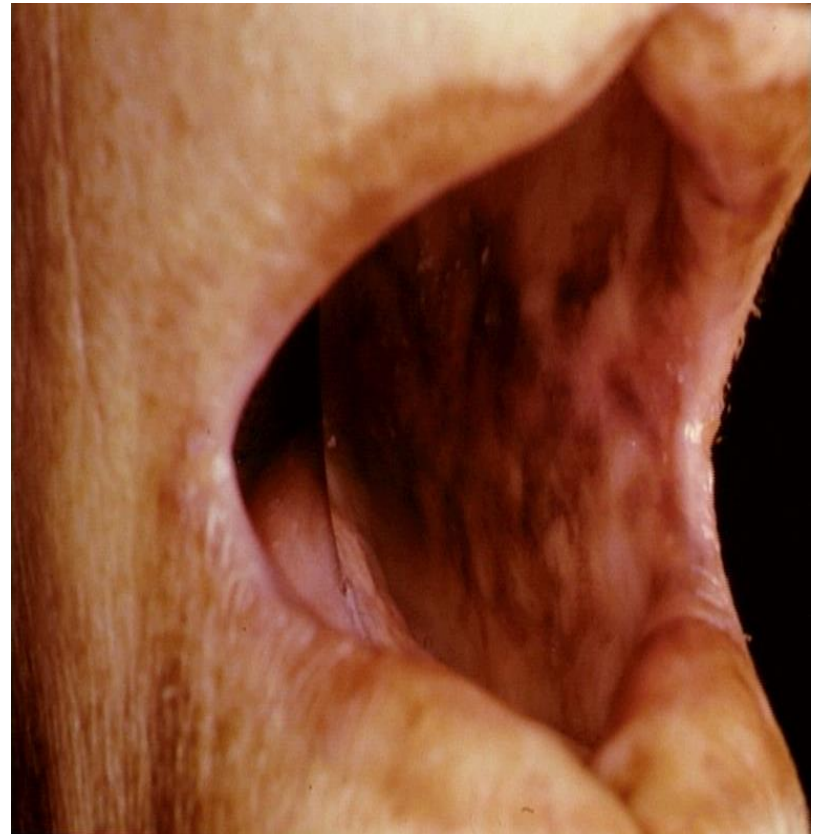
- hyperthyroidism



- Xanthalesma



- Addison faces



# Neuromuscular faces

- Ptosis





- Facial palsy



# Hematological problems

- Thalassemia



- Cyanosed



- Pallor



- Jaundice



# Erethyma ab igne



# haemochromatosis



# Handshaking

From hand shaking you can get a lot of information by observing the following :

- Skin ( colour , hydration , texture )
- Finger ( shapes , length , size )
- **NAILS**
- Temperature
- Joints
- Muscle and power

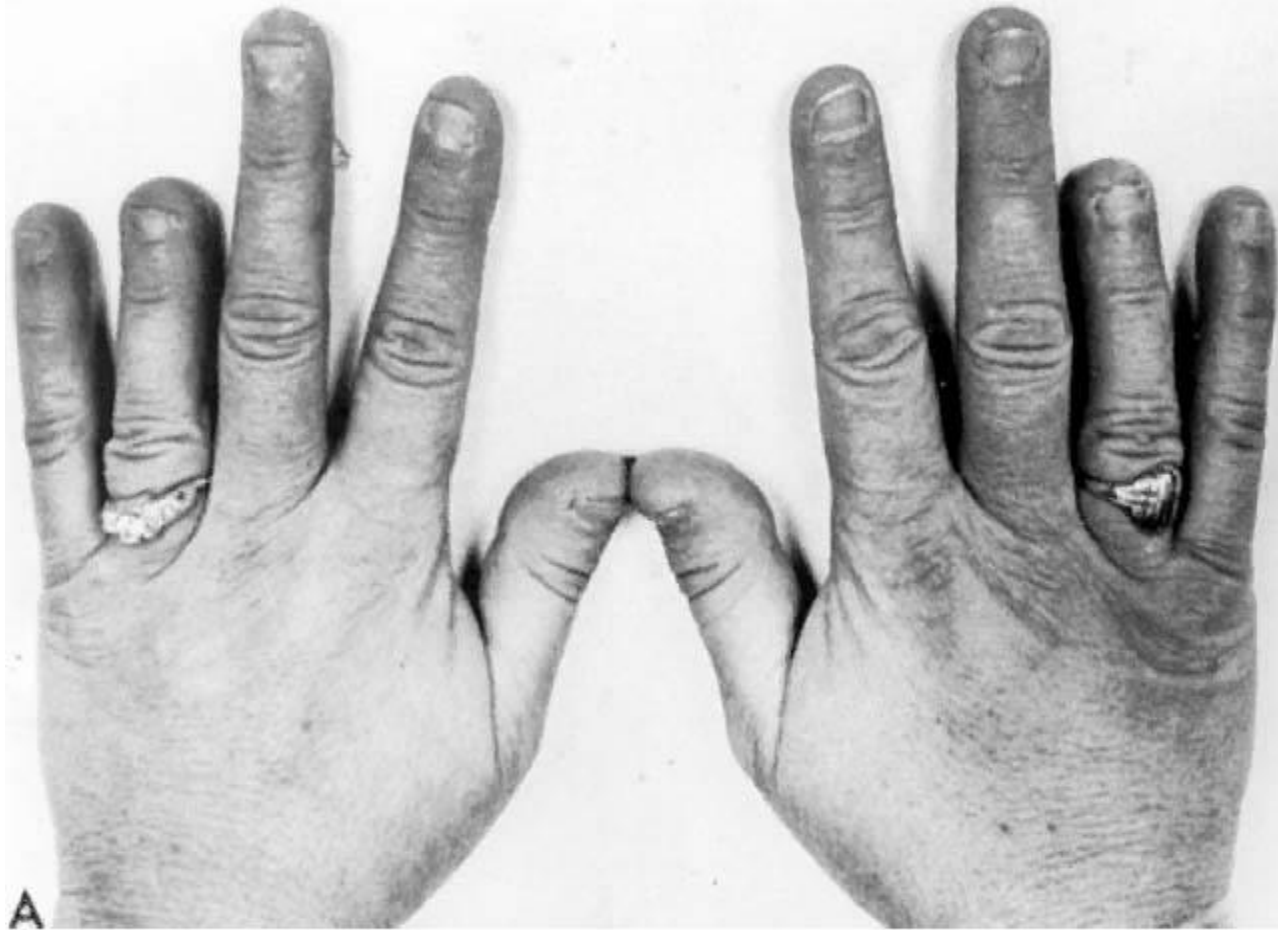


# Finger shapes

Arachnodactyly in Marfan syndrome



# Short metacarpals in pseudohypoparathyroidism



A

Source: McPhee SJ, Papadakis MA: *Current Medical Diagnosis and Treatment 2011*, 50th Edition: <http://www.accessmedicine.com>

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## Raynaud's Phenomenon



1. Fingers can become white due to the lack of blood flow



2. The fingers may turn blue as the blood vessels dilate to keep the blood in the tissues



3. Finally the fingers may turn red as the blood begins to return



# Nails



# Onycholysis with pitting in psoriasis



# Beau's lines



leukonychia





# Kolionychia

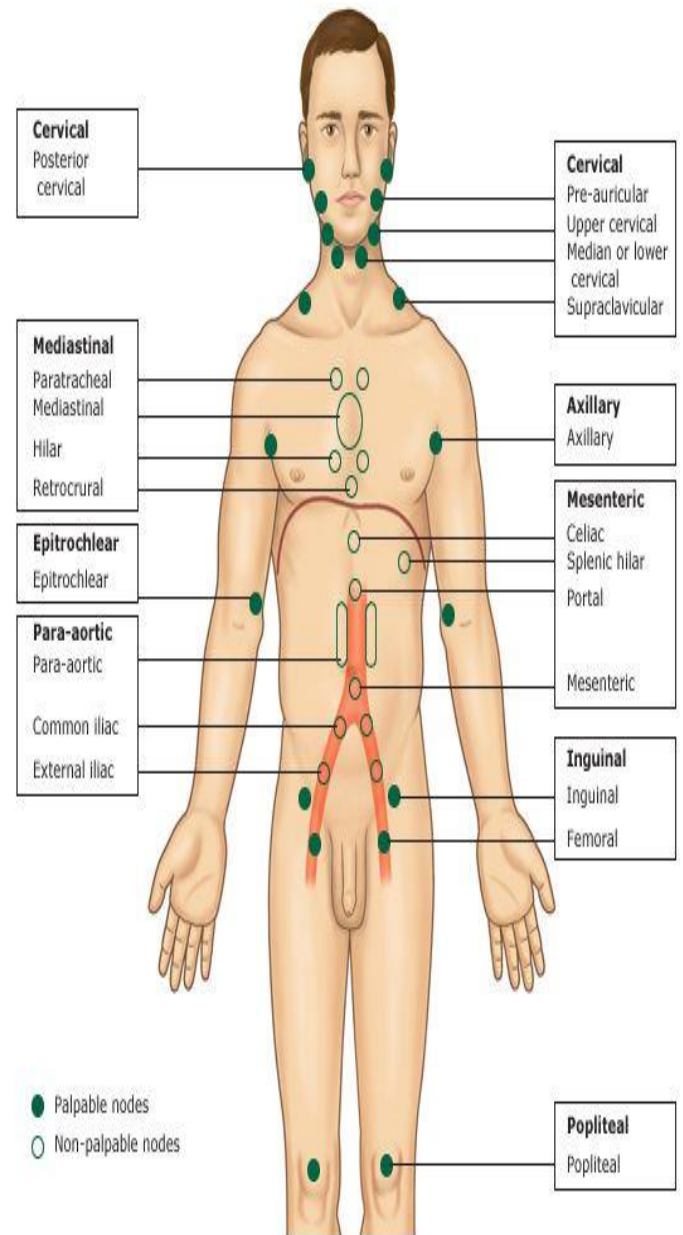
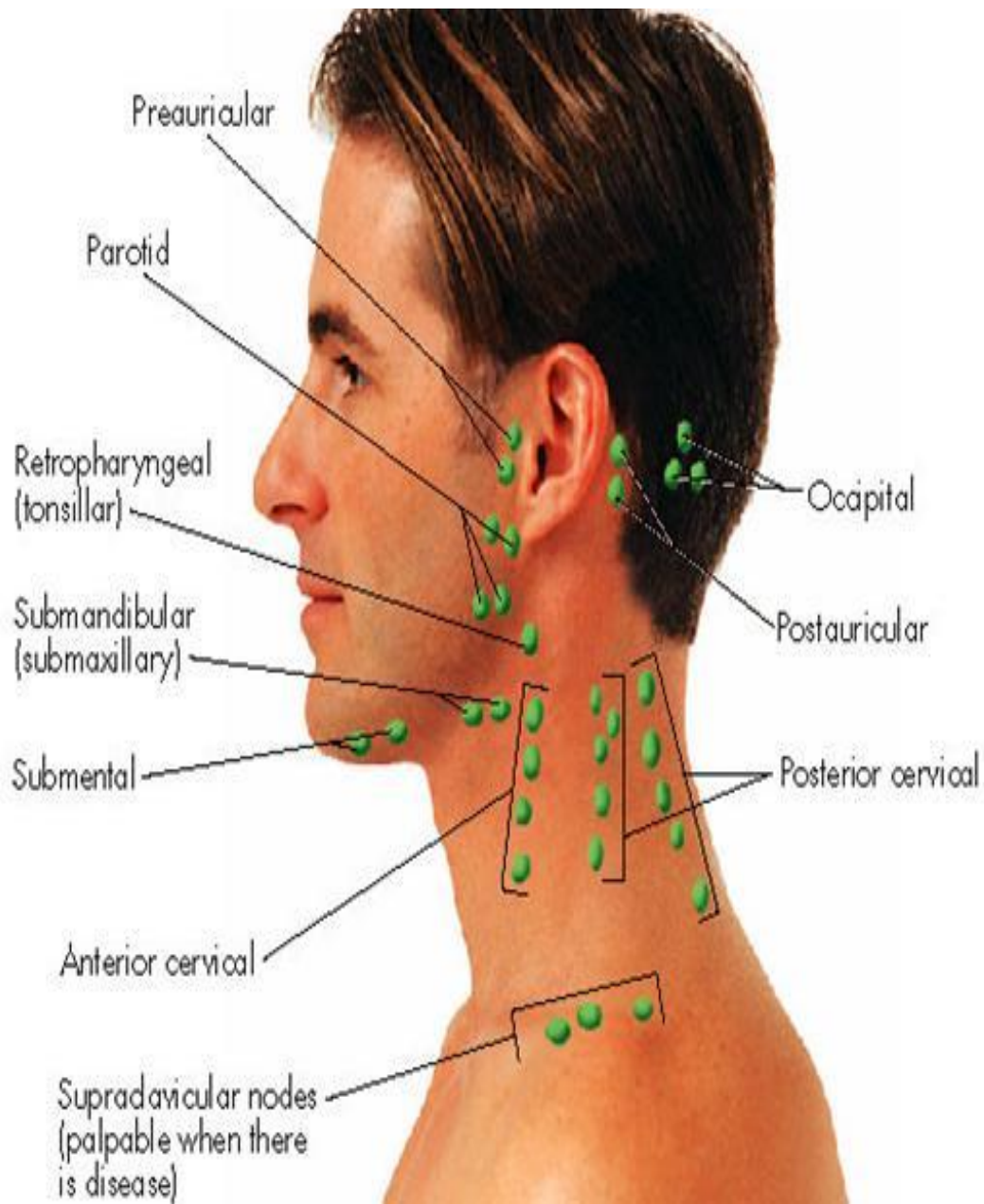


# Vital signs

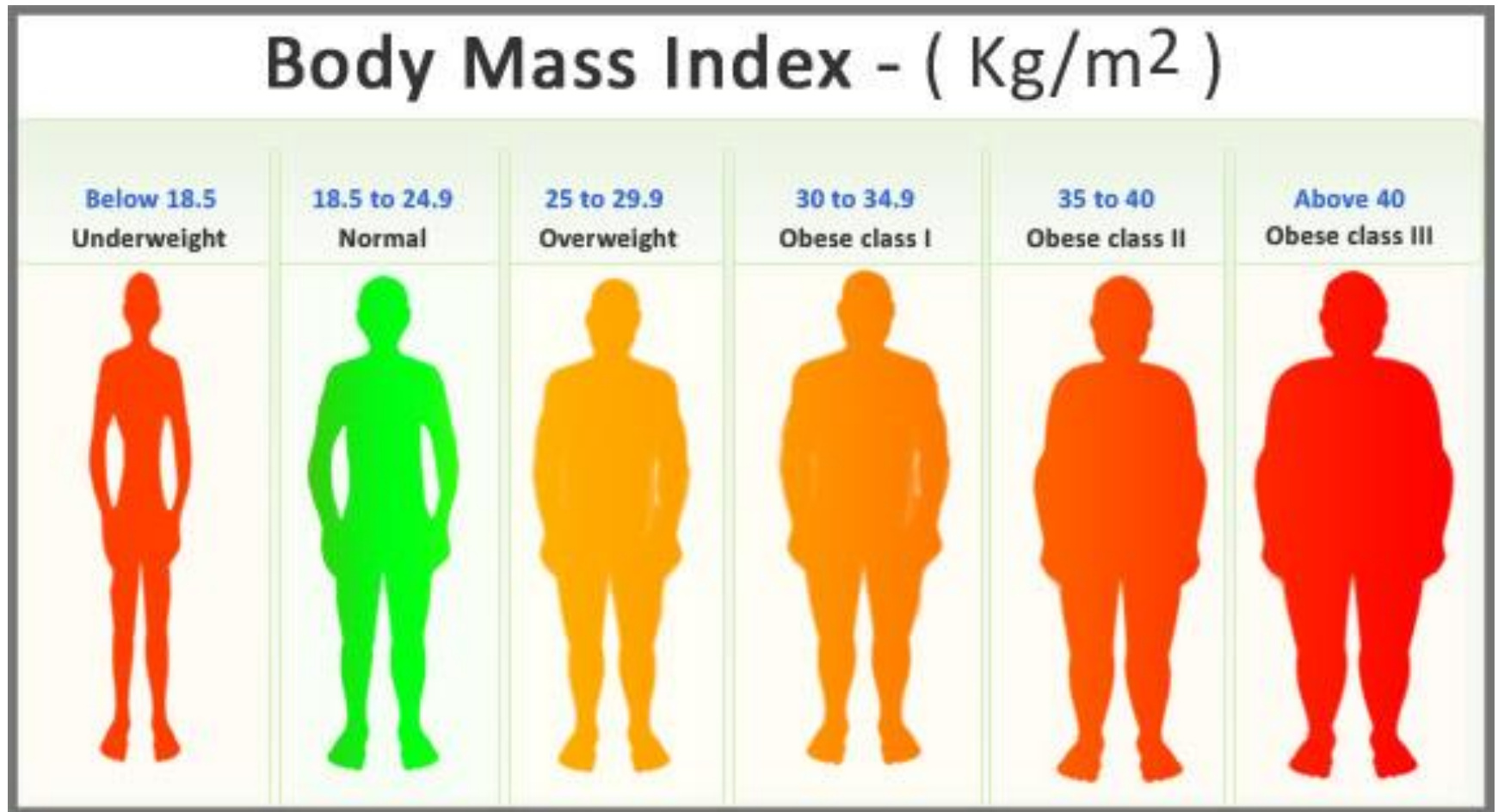
- PULSE
- BLOOD PRESSURE
- TEMPERATURE
- RESPIRATORY RATE

# The lymph glands

- Lymphadenopathy : local or generalized
- Size ( normal less than ,5 cm )
- Consistency ( soft , rubbery , matted , calcified hard )
- Tenderness
- Fixation

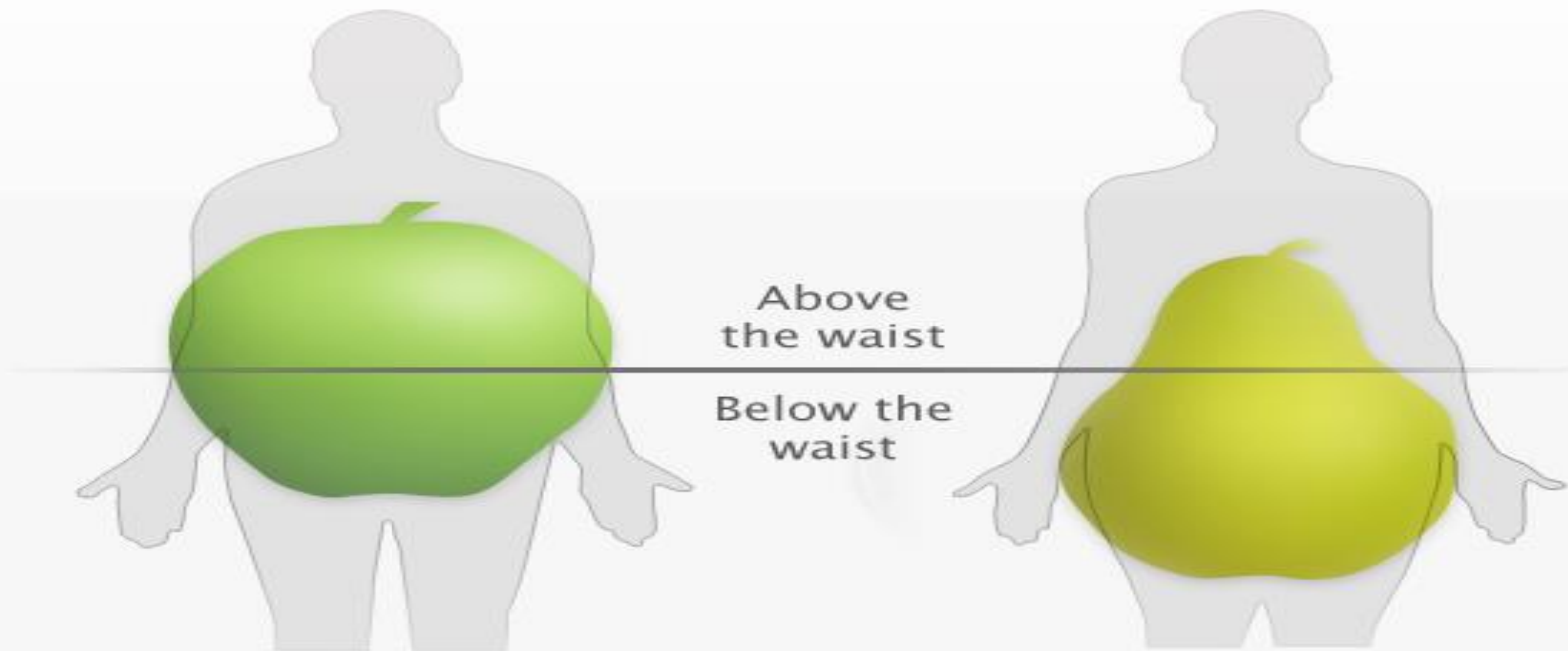


# Assessment of the height and weight BMI



# Waist hip ratio

## Apple shape vs pear shape



### Apple shape

- More visceral fat
- Higher risk of weight-related health problems

### Pear shape

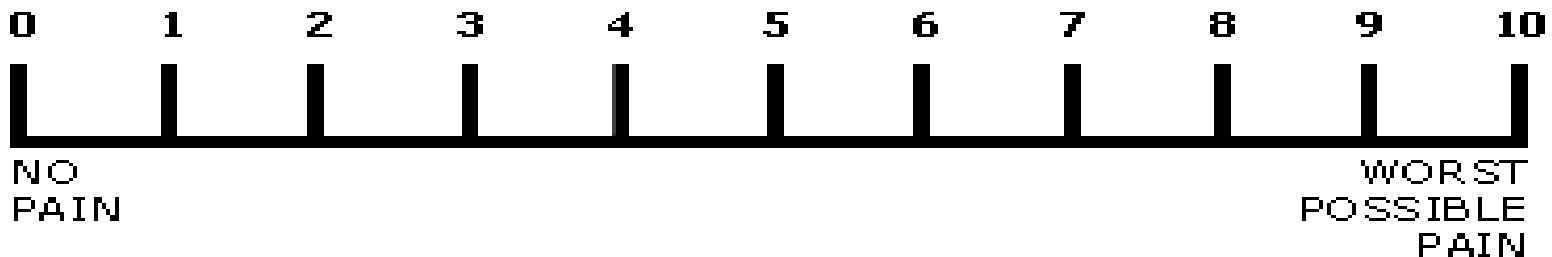
- Less visceral fat
- Lower risk of weight-related health problems

Pain assessment

# Pain score

## Numerical pain scale:

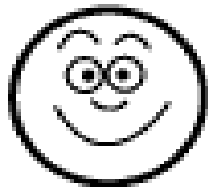
- with pts that can communicate with you, you ask the pt to give you a mark for the pain out of 10 for ex.,
- this is not useful to compare between two pts because tolerance is different between them,
- but it is useful to follow the therapeutic





facial expression scale :

- with pts who can't talk, with children



**0**  
**NO**  
**HURT**



**1**  
**HURTS**  
**LITTLE**  
**BIT**



**2**  
**HURTS**  
**LITTLE**  
**MORE**



**3**  
**HURTS**  
**EVEN**  
**MORE**



**4**  
**HURTS**  
**WHOLE**  
**LOT**



**5**  
**HURTS**  
**WORST**

# Assessment of the hydration

- Water comprises 65% of the total body mass
- 2/3 intracellular & 1/3 extracellular
- Extracellular fluid : 2/3 interstitial and 1/3 intravascular
- Is the pt dehydrated ? Dry skin and mucous membranes ( tongue ) , vitals
- Is he oedematous ? Generalized , localized .  
Postural



## PITTING EDEMA

What does it look like?

**1+** Barely detectable when finger is pressed into skin.

**2+** Slight indentation taking 15 seconds to rebound.

**3+** Deeper indentation taking 30 seconds to rebound.

**4+** Very deep indentation taking more than 30 seconds to rebound.



# Angio - oedema



# Mouth

- Smokers you can notice the buccal mucosa, hyperpigmentation of gingiva due to smoker's melanosis..
- Also pay attention to the tongue, when you talk to the pt, beefy tongue suggests *pernicious anemia*..
- Angular cheilitis with *iron deficiency anemia*.
- White patches on the tongue suggest *candidiasis* , *ulcer suggest carcinoma or aphthous... according to history*..
- Also observe if there is any pharyngeal erythema, tonsillitis , crowded .
- Dental hygiene condition

# Feature for any lump or mass

## 4S + 3T + 1ACE

- Size
- Position
- Consistency
- Surface
- Edge
- Attachment
- Transillumination
- Inflammation : redness , tenderness , temperature
- Bruits , thrills , noises