

20 questions doctors ask patients

20 Questions Doctors Ask Patients: Understanding the Importance of Patient History

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Introduction:

The seemingly simple act of a doctor asking questions is actually a crucial cornerstone of effective healthcare. The information gleaned from a patient's responses forms the foundation for diagnosis, treatment planning, and overall patient care. This article will explore 20 questions doctors ask patients, highlighting their significance and the underlying reasons for their importance. Understanding these common questions can empower patients to participate more actively in their healthcare journey and improve the doctor-patient relationship. This article will delve into the reasoning behind these

questions, explain how they contribute to a comprehensive patient history, and equip you with the knowledge to better communicate with your healthcare provider. Knowing what to expect can alleviate anxiety and facilitate a more productive and beneficial consultation.

20 Essential Questions Doctors Ask Patients and Their Significance:

The specific questions a doctor asks will vary depending on the reason for the visit and the patient's individual circumstances. However, many questions fall into common categories aimed at building a complete picture of the patient's health. Here are 20 such questions, categorized for clarity, along with explanations of their significance:

I. Presenting Complaint & Symptoms:

1. "What brings you in today?" This seemingly simple opening question is pivotal. It allows the patient to articulate their primary concern, setting the stage for a focused examination.

1. "Can you describe your symptoms?" This probes the specifics of the patient's experience, including location, duration, intensity, character, and any aggravating or relieving factors. This detailed description is critical for differential diagnosis.

1. "When did your symptoms start?" Establishing the onset of symptoms helps to track the progression of the illness and identify potential triggers.

1. "On a scale of 1 to 10, how severe is your pain/discomfort?" Quantifying subjective experiences like pain helps to track its severity over time and assess the effectiveness of treatment.

1. "Have you experienced anything similar before?" This exploration of past medical history identifies patterns and potential underlying conditions.

II. Medical History:

1. "Do you have any allergies to medications or other substances?" This is a critical safety question, preventing adverse reactions.

1. "What medications are you currently taking, including over-the-counter drugs and supplements?" Identifying potential drug interactions and contraindications is crucial for safe treatment.

1. "Do you have any chronic health conditions, such as diabetes, heart disease, or asthma?" Understanding pre-existing conditions influences treatment decisions and risk assessment.

1. "Have you had any recent surgeries or hospitalizations?" This explores recent interventions and potential complications that may be relevant to the current complaint.

1. "Have you ever been diagnosed with any mental health conditions?" Recognizing the interconnectedness of physical and mental health is vital for comprehensive care.

III. Family History & Lifestyle:

1. "Is there a history of any specific diseases in your family?" Family history can significantly increase or decrease the risk of certain conditions, informing preventative measures.

1. "Do you smoke, drink alcohol, or use any recreational drugs?" Lifestyle factors heavily impact overall health and contribute to many diseases.

1. "What is your diet like?" Nutritional habits can significantly impact health outcomes.

1. "How much exercise do you get each week?" Physical activity levels influence cardiovascular health, weight management, and overall well-being.

IV. Social History & Support:

1. "Do you have a support system of friends and family?" Social support plays a significant role in health outcomes, especially during times of illness.

1. "Are you currently employed?" Employment status impacts access to healthcare and financial resources.

1. "Are you experiencing any stress or anxiety?" Stress can exacerbate existing conditions and contribute to new ones.

V. Review of Systems:

1. "How are you sleeping?" Sleep patterns can be indicators of underlying health problems.

1. "Are you experiencing any changes in your bowel or bladder habits?" These can be signs of various conditions, including gastrointestinal or neurological issues.

1. "Is there anything else you would like to discuss?" This open-ended question allows the patient to raise any concerns not yet addressed, ensuring a comprehensive consultation.

The Importance of '20 Questions Doctors Ask Patients' in Effective Healthcare:

The comprehensive nature of these questions helps doctors build a detailed picture of the patient's health – the crucial "patient history." This history is not merely a collection of facts; it's a narrative that contextualizes the patient's current condition and informs the diagnostic and treatment process.

Skipping these questions, or neglecting their significance, can lead to missed diagnoses, ineffective treatment plans, and ultimately, poorer patient outcomes. The "20 questions doctors ask patients" are integral to patient-centered care, fostering a collaborative relationship between the doctor and patient.

Conclusion:

Understanding the "20 questions doctors ask patients" and their underlying purpose is essential for both patients and healthcare providers. Patient participation in this process ensures a more effective and efficient consultation, leading to better health outcomes. By actively engaging in this dialogue and providing accurate information, patients can play a vital role in managing their health and well-being.

FAQs:

1. What should I do if I forget to mention something important during my appointment? Contact your doctor's office as soon as possible to share the omitted information.
1. Is it okay to bring a list of my questions to the appointment? Absolutely! Preparing a list can help you remember everything you want to discuss.

1. How can I improve my communication with my doctor? Be clear, concise, and honest in your responses. Don't hesitate to ask for clarification or further explanation.

1. What if my doctor doesn't seem to be listening to me? Consider seeking a second opinion or expressing your concerns to the doctor directly.

1. Are there resources available to help me understand medical terminology? Yes, many online resources and medical dictionaries can assist in understanding medical jargon.

1. What if I feel uncomfortable answering certain questions? You have the right to refuse to answer any question you feel uncomfortable with.

1. How can I make the most of my appointment time? Prioritize your concerns and prepare a list of questions beforehand.

1. What should I do if I feel my doctor is rushing me? Politely express your need for more time to discuss your concerns.

1. Is it appropriate to bring a family member or friend to my appointment? Yes, this can be helpful for support and to aid in remembering information.

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20 questions doctors ask patients: Research Activities , 2000

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20 questions doctors ask patients: The Intelligent Patient's Guide to the Doctor-Patient Relationship Barbara M. Korsch, Caroline Harding, 1998-11-05 Do you feel that your doctor doesn't pay attention to what you say? Does your doctor cut you off when you try to explain how you feel? Do you think your doctor could remember your name without referring to your chart? Does your doctor seem to be in such a hurry that you don't even get a chance to ask your most important questions? Do you spend more time waiting than actually talking to your doctor? Do you understand what your doctor says? At one time or another, we have all had these complaints. This book will teach you how to ask the right questions, understand the answers, and show you how to take more control of your visits to the doctor and your own health. This is the first book in which communication pioneer Barbara M. Korsch, M.D., reveals what she has learned about the doctor-patient relationship dilemma during almost half a century of investigation. In clear, simple language, Dr. Korsch answers most of our common questions: How do I know when I'm sick enough to go to the doctor? How do I know if it's serious enough to go to the emergency room? What do I do if I can't follow the advice my doctor gives me? She walks us through a typical visit to the doctor, showing us how to prepare ourselves so we don't forget the question that has been worrying us for weeks as soon as we walk through the doctor's door. She gives important tips on how to survive the dreaded hospital experience. And she offers insight into the doctor's side of the relationship, showing how doctors are trained to be task-oriented and how their natural human sympathy is discouraged throughout their careers. Finally, she offers patients useful strategies for humanizing the relationship. Korsch's helpful, commonsense recommendations are extensively illustrated with real-life doctor-patient conversations which she recorded on audio and video tape over the course of the last thirty years. She was one of the first medical professionals to emphasize the importance of teaching doctors how to talk to patients as part of their medical training. She serves as consultant and lecturer to medical schools, hospitals, and medical practices throughout the world to help the next generation of doctors communicate with their patients. Above all, after years of research, she has found abundant evidence that the relationship patients form with their doctors directly determines the quality of the care they receive. This is a vital book for anyone who is concerned about their health and who wants to take control of their medical care. So much depends upon asking the right questions and on finding a doctor who will listen to you. This book gives you the tools and the confidence to do just that.

20 questions doctors ask patients: Rheumatoid Arthritis Unmasked Kelly O'Neill Young, 2017-10-31 What if no one confused rheumatoid disease with just arthritis? What if the world understood that people with rheumatoid disease (RD) are not hypochondriacs because they have so many health problems? What if all of the effects of the disease were treated & not dismissed or ignored? *Rheumatoid Arthritis Unmasked* solves a primary problem for people living with rheumatoid arthritis (RA), the false impression that they are only fighting a type of arthritis. The facts in this book shatter the myth that too often confuses family, friends, employers, and most importantly medical personnel. In *Rheumatoid Arthritis Unmasked* you'll learn why the historical term rheumatoid disease (RD) describes not a type of arthritis, but a complex systemic disease with arthritis as only one of its symptoms. You'll understand how the fallacy of 'arthritis' not only

creates communication problems for people fighting RD, but also contributes to the devastating mortality gap by hindering needed clinical care and research that will lead to a cure. Rheumatoid Arthritis Unmasked exposes the true nature of RD revealed in medical research. For about a decade, Kelly O'Neill Young has studied current and past academic research about RA, reading hundreds of journal articles for this book alone. But Kelly, widely known as the RA Warrior, has also gained a unique perspective by listening to the millions of people who visit her website and social network. Patients will learn key dangers to fight to avoid becoming a victim of the RD mortality gap. Clinicians will become better at diagnosing and treating RD. Friends and family will understand that their loved one with RD has a serious disease. Researchers will be more able to conduct impactful and successful investigations of RD. Health policy makers and medical payers will be able to properly categorize extra-articular RD. Rheumatoid Arthritis Unmasked is more than a gripping account of the dangers of RD - it is a path for change. This book equips all RA warriors to guide their own medical care and safeguard their health. This book will arm you with facts that will save lives.

20 questions doctors ask patients: Invisible Visits Tina K. Sacks, 2019 Invisible Visits analyzes why Black middle-class women continue to face inequities in securing fair, equitable, and high-quality healthcare. Unlike other works on health disparities, it integrates social science, public health, and the humanities to better understand why Black women do not receive a proper standard of care at the doctor.

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20 questions doctors ask patients: How to talk to your Doctor Gary Fradin, 2014-02-26 How to Talk to Your Doctor lists the key questions to ask your doctor about preventive care, screening tests, specialist choice, treatment choice, hospital choice and more. It teaches people to ask about medical outcomes first, medical processes second and medical prices third. The best and perhaps only way to ensure that you get all the medical care you need - but none that you don't - is by asking the right questions. Learn what they are in this engaging, thought-provoking book.

20 questions doctors ask patients: Patient Centered Medicine David H. Rosen, Uyen Hoang, 2017-03-24 Patient-Centered Medicine: A Human Experience emphasizes the health professional's role in caring for patients as unique individuals by focusing on the patients' psychological and social realities as well as their biological needs. The book concerns itself with caring for the whole patient, and outlines the basic principles involved in developing a biopsychosocial approach to medical practice. This is a volume of guidelines that will help medical students and clinicians develop and master basic attitudes and skills essential to providing empathic and comprehensive medical care. As Norman Cousins writes in the foreword, 'The authors understand and repeatedly demonstrate in this book, that the patient-physician relationship is a powerful, sometimes mysterious, frequently healing interaction between human beings. It is the person of the doctor and the presence of the doctor-just as much and frequently more than-what the doctor does that creates an environment for healing. The physician represents restoration. The physician holds the lifeline.' Since the book's original publication by University Park Press in 1984, greater awareness and acceptance of the biopsychosocial model has occurred, and medical schools are now working to fully integrate

psychosocial education into the clinical curriculum.

20 questions doctors ask patients: Improving Patient Satisfaction Now Anne-Marie Nelson, 1997 In today's health care environment, having satisfied patients just isn't enough. You're now being judged by payers and compared to other providers and patient satisfaction is a big part of that evaluation. *Improving Patient Satisfaction Now: How to Earn Patient and Payer Loyalty* explains why understanding and meeting patient expectations is not only nice to know, it's necessary to know! It gives you action steps in all areas of the practice. Through anecdotes and real-life examples from practicing physicians, you'll learn how to develop higher patient satisfaction, more compliant patients, a more productive and committed staff, and practical techniques to increase patient satisfaction in this updated edition.

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20 questions doctors ask patients: Changing Physician Practice Patterns Elaine Zablocki, 1995 This resource provides a concise overview of the techniques used to change physician behavior in a health industry ruled by newly-formed networks & under increasing pressure to remain cost-efficient, often in a capitated environment. Techniques used by managed care organizations from across the country will be highlighted. Topical summaries on key issues will include how to develop practice guidelines, how to win physician support, data gathering, liability issues, & probably most important, how to get started.

20 questions doctors ask patients: The Trusted Doctor Rosamond Rhodes, 2020-04-06 Common morality has been the touchstone of medical ethics since the publication of Beauchamp and Childress's *Principles of Biomedical Ethics* in 1979. Rosamond Rhodes challenges this dominant view by presenting an original and novel account of the ethics of medicine, one deeply rooted in the actual experience of medical professionals. She argues that common morality accounts of medical ethics are unsuitable for the profession, and inadequate for responding to the particular issues that arise in medical practice. Instead, Rhodes argues that medicine's distinctive ethics should be explained in terms of the trust that society allows to the profession. Trust is the core and starting point of Rhodes' moral framework, which states that the most basic duty of doctors is to seek trust and be trustworthy. Building from this foundation, Rhodes explicates the sixteen specific duties that doctors take on when they join the profession, and demonstrates how her view of these duties is largely consistent with the codes of medical ethics of medical societies around the world. She then explains why it is critical for physicians to develop the attitudes or doctorly virtues that comprise the character of trustworthy doctors and buttress physicians' efforts to fulfil their professional obligations. Her book's presentation of physicians' duties and the elements that comprise a doctorly character, together add up to a cohesive and comprehensive description of what medical professionalism really entails. Rhodes's analysis provides a clear understanding of medical professionalism as well as a guide for doctors navigating the ethically challenging situations that arise in clinical practice

20 questions doctors ask patients: American Health , 1990

20 questions doctors ask patients: Why Do You Ask? Alice Freed, Susan Ehrlich, 2010-01-26 The act of questioning is the primary speech interaction between an institutional speaker and someone outside the institution. These roles dictate their language practices. *Why Do You Ask?* is

the first collected volume to focus solely on the question/answer process, drawing on a range of methodological approaches like Conversational Analysis, Discourse Analysis, Discursive Psychology, and Sociolinguistics-and using as data not just medical, legal, and educational environments, but also less-studied institutions like telephone call centers, broadcast journalism (i.e. talk show interviews), academia, and telemarketing. An international roster of well-known contributors addresses such issues as: the relationship between the syntax of the question and its discourse function; the kind of institutional work that questions perform; the degree to which the questioner can control the direction of the conversation; and how questions are used to repackage responses, to construct meaning, and to serve the institutional goals of speakers. *Why Do You Ask?* will appeal to linguists and others interested in institutional discourse, as well as those interested in the grammatical/pragmatic nature of questions.

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20 questions doctors ask patients: The Handbook of Heart Drugs Martin Goldman, M.D., 2014-10-28 Cardiovascular drugs have dramatically changed the way we treat heart disease in the last decade--allowing us to effectively combat hypertension, lower cholesterol, reduce the risk of heart attacks, and, in some cases, even reverse heart disease. Yet, if you are one of the more than 30,000,000 Americans who take heart drugs, chances are you are not getting all the information you need to take these medications safely and effectively. Dr. Martin Goldman has written the first book

that deals with all the issues surrounding the use of these life-preserving drugs--how they work on the body's systems and how life-style, diet, and exercise enhance or impede their effectiveness. In clear and accessible prose, using examples from his own practice, Dr. Goldman also presents guidelines for choosing and communicating with your cardiologist, examines the value of new screening tests and procedures, and even shows patients how to keep a cardiovascular diary to monitor their own heart care. The second half of the book provides comprehensive profiles of more than ninety commonly used heart drugs--among them beta blockers, anticoagulants, and antihypertensives--examining their possible side effects; their interactions with food, alcohol, and other drugs' and life-style alterations to consider while using them. This is an indispensable guidebook for anyone concerned about complete cardiac care.

20 questions doctors ask patients: Physical Medicine and Rehabilitation

Patient-Centered Care Soroush Batmangelich, EdD, MHPE, Adrian Cristian, MD, MHCM, 2014-09-04 Built around the six core competencies for physicians practicing rehabilitation medicine as required by the ACGME, *Physical Medicine and Rehabilitation Patient-Centered Care: Mastering the Competencies* is a unique, self-directed text for residents. Covering all aspects of patient-centered care in the practice of physical medicine and rehabilitation, the book provides a competency-based approach to topics and conditions commonly encountered in this specialty. Thoughtfully organized chapters offer easy-to-access clinical content for all major practice areas, and the book's competency-based goals and objectives also serve as a clear platform for educating physiatrists in training during their clinical rotations. The first part of the book presents the foundations of the core competencies (medical knowledge, professionalism, patient care, practice-based learning and improvement, system-based practice, and interpersonal and communication skills) with basic principles for application, and also includes chapters on implementing educational milestones, core professional education principles, and building leadership skills. In the second part, experts in the field apply these core competencies to the management of common conditions including stroke, spinal cord and brain injury, amputation and prosthetics, musculoskeletal disorders, multiple sclerosis, and much more. Each of these chapters identifies goals and objectives for each competency and concludes with a representative case study and self-assessment questions with answers and explanations. The book also provides references to key articles and links to internet-based educational materials. Practical tips, how-to and where-to guides, key points, tables, and charts also help to maintain current knowledge and competency in the many areas that comprise the field of PM&R. The book will be a valuable asset to physiatrists in training, program directors, and teaching faculty in rehabilitation medicine training programs, and for continuing professional development. Key Features: Addresses core competencies for rehabilitation medicine physicians as required by the ACGME Covers all major physiatric practice areas with facts, concepts, goals, and objectives following the competency model Grounded in a holistic, patient-centered approach Presents sample case studies with discussion points and self-assessment questions with answer key and explanations for each area to track progress and build clinical acumen

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Much of everyday work is done through talk between practitioner and client. Conversation Analysis is the close inspection of people's use of language in interaction. The work reported in this collection shows how CA can be used to identify, and improve, communicative practices at work.

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Implementing safety practices in healthcare saves lives and improves the quality of care: it is therefore vital to apply good clinical practices, such as the WHO surgical checklist, to adopt the most appropriate measures for the prevention of assistance-related risks, and to identify the potential ones using tools such as reporting & learning systems. The culture of safety in the care environment and of human factors influencing it should be developed from the beginning of medical studies and in the first years of professional practice, in order to have the maximum impact on clinicians' and nurses' behavior. Medical errors tend to vary with the level of proficiency and experience, and this must be taken into account in adverse events prevention. Human factors assume a decisive importance in resilient organizations, and an understanding of risk control and containment is fundamental for all medical and surgical specialties. This open access book offers recommendations and examples of how to improve patient safety by changing practices, introducing organizational and technological innovations, and creating effective, patient-centered, timely, efficient, and equitable care systems, in order to spread the quality and patient safety culture among the new generation of healthcare professionals, and is intended for residents and young professionals in different clinical specialties.

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20 questions doctors ask patients: Evidence-Based Diagnosis in Primary Care Paul Glasziou, Andrew Polmear, 2012-01-04 British Medical Association Book Awards 2009 - First Prize Winner, Primary Care Category Evidence-Based Diagnosis in Primary Care provides guidance on diagnosis in general practice, from the patient's first presentation with a symptom to the final establishment of a diagnosis or referral for further investigation. The book is divided into two parts: • Symptoms; which details the steps necessary to reach a provisional diagnosis when a patient presents; and • Disorders; in which the more detailed assessment of that initial diagnosis is described. This is the first book to be written about diagnosis in primary care that attempts to base its guidance on the research evidence. Enough information is provided on each symptom, or condition, to decide on the pre-test probability of each possible disorder, and how the symptoms, signs and investigations alter those probabilities to allow a conclusion to be reached about the most likely diagnosis. Evidence-Based Diagnosis in Primary Care also explains the principles of evidence-based diagnosis - with special emphasis on the issues raised by attempting an evidence-based approach in primary care - and clearly demonstrates the power, and the difficulties, of an evidence-based approach. Many chapters also feature 'red flags' - elements of the history or examination that should alert the practitioner to the possibility of serious disease, which is vital for general practice.

20 questions doctors ask patients: Diagnosis Pat Croskerry, Karen Cosby, Mark L. Graber, Hardeep Singh, 2017-09-19 Despite diagnosis being the key feature of a physician's clinical performance, this is the first book that deals specifically with the topic. In recent years, however, considerable interest has been shown in this area and significant developments have occurred in two main areas: a) an awareness and increasing understanding of the critical role of clinical decision making in the process of diagnosis, and of the multiple factors that impact it, and b) a similar appreciation of the role of the healthcare system in supporting clinicians in their efforts to make accurate diagnoses. Although medicine has seen major gains in knowledge and technology over the last few decades, there is a consensus that the diagnostic failure rate remains in the order of 10-15%. This book provides an overview of the major issues in this area, in particular focusing on

where the diagnostic process fails, and where improvements might be made.

20 questions doctors ask patients: *What Patients Say, What Doctors Hear* Danielle Ofri, MD, 2017-02-07 Can refocusing conversations between doctors and their patients lead to better health? Despite modern medicine's infatuation with high-tech gadgetry, the single most powerful diagnostic tool is the doctor-patient conversation, which can uncover the lion's share of illnesses. However, what patients say and what doctors hear are often two vastly different things. Patients, anxious to convey their symptoms, feel an urgency to "make their case" to their doctors. Doctors, under pressure to be efficient, multitask while patients speak and often miss the key elements. Add in stereotypes, unconscious bias, conflicting agendas, and fear of lawsuits and the risk of misdiagnosis and medical errors multiplies dangerously. Though the gulf between what patients say and what doctors hear is often wide, Dr. Danielle Ofri proves that it doesn't have to be. Through the powerfully resonant human stories that Dr. Ofri's writing is renowned for, she explores the high-stakes world of doctor-patient communication that we all must navigate. Reporting on the latest research studies and interviewing scholars, doctors, and patients, Dr. Ofri reveals how better communication can lead to better health for all of us.

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20 questions doctors ask patients: *Potter & Perry's Fundamentals of Nursing - AUS Version - E-Book* Geraldine Rebeiro, Jackie Crisp, Clint Douglas, 2012-11-09 Potter and Perry's Fundamentals of Nursing, 4th ANZ edition ebook is the leading fundamentals text for nursing students in Australia and New Zealand. The dynamic fourth edition of Potter and Perry's Fundamentals of Nursing presents an engaging approach to the fundamentals of nursing while building on its renowned reputation as the foremost text for nursing students across Australia and New Zealand. The new editorial team presents a critical thinking approach, to encourage the critical skills and understandings students require to maintain a high level of active engagement in the development of their practice within the health care systems they will work throughout their careers. Meaningful clinical examples combined with critical thinking questions, promote reflection and support deeper learning. These examples underscore how putting quality nursing knowledge and skills into practice can mean the difference between patient recovery and independence versus life threatening complications and patient decline. Current research examples encourage students to see the dynamic nature of evidence for nursing practice and gain understanding that ongoing change in practice is the norm and should be embraced. Potter and Perry's Fundamentals of Nursing, 4th ANZ edition ebook is supported by the Fundamentals of Nursing: clinical skills workbook 2nd edition. The skills in this indispensable workbook are directly aligned to the National Competency Standards for the Registered Nurse for Australia and New Zealand and support the theory and practice of each skill. A mobile study app for iOS called ClinicalCases is also available via the Apple App store for purchase. The ClinicalCases app takes an engaging approach to learning and revision. Students will find it the perfect exam preparation and study tool. It consists of 24 progressive case studies with MCQs and explanations for all answers. It also features over 150 Flash card key terms and a Word game. A great way to learn at your own pace, whenever, wherever... Elsevier's Evolve platform also offers a wealth of online resources for nursing students and lecturers, including an impressive suite of Australian nursing clinical skills videos to be used in conjunction with the text and workbook. These videos are ideal for viewing in class or during independent study and are a valuable tool for revision prior to assessment. Other online resources include PowerPoint presentations, an exam

view test bank, critical thinking questions and answers, integrated lesson plans, images, weblinks and a chapter on the Essentials of Care.

20 questions doctors ask patients: *Rehabilitation Medicine Core Competencies Curriculum*
Adrian Cristian, 2014-09-04 Built around the six core competencies for physicians practicing rehabilitation medicine as required by the ACGME, *Physical Medicine and Rehabilitation Patient-Centered Care: Mastering the Competencies* is a unique, self-directed text for residents. Covering all aspects of patient-centered care in the practice of physical medicine and rehabilitation, the book provides a competency-based approach to topics and conditions commonly encountered in this specialty. Thoughtfully organized chapters offer easy-to-access clinical content for all major practice areas, and the book's competency-based goals and objectives also serve as a clear platform for educating physiatrists in training during their clinical rotations. The first part of the book presents the foundations of the core competencies (medical knowledge, professionalism, patient care, practice-based learning and improvement, system-based practice, and interpersonal and communication skills) with basic principles for application, and also includes chapters on implementing educational milestones, core professional education principles, and building leadership skills. In the second part, experts in the field apply these core competencies to the management of common conditions including stroke, spinal cord and brain injury, amputation and prosthetics, musculoskeletal disorders, multiple sclerosis, and much more. Each of these chapters identifies goals and objectives for each competency and concludes with a representative case study and self-assessment questions with answers and explanations. The book also provides references to key articles and links to internet-based educational materials. Practical tips, how-to and where-to guides, key points, tables, and charts also help to maintain current knowledge and competency in the many areas that comprise the field of PM&R. The book will be a valuable asset to physiatrists in training, program directors, and teaching faculty in rehabilitation medicine training programs, and for continuing professional development. Key Features: Addresses core competencies for rehabilitation medicine physicians as required by the ACGME Covers all major physiatric practice areas with facts, concepts, goals, and objectives following the competency model Grounded in a holistic, patient-centered approach Presents sample case studies with discussion points and self-assessment questions with answer key and explanations for each area to track progress and build clinical acumen

20 questions doctors ask patients: *A Comprehensive Guide to Geriatric Rehabilitation E-Book*
Timothy L. Kauffman, Ronald W. Scott, John O. Barr, Michael L. Moran, 2014-09-05 Now in its third edition, this trusted clinical guide enables both the busy practitioner and student to review or to learn about a range of pathologies, conditions, examinations, diagnostic procedures, and interventions that can be effectively used in the physical rehabilitation of older people. It presents a broad overview of age-related physiological changes as well as specific professional discipline perspectives. Organized into eleven distinct and interrelated units, the first unit begins with key anatomical and physiological considerations seen with aging which have significant impact on the older person. The second and third units go on to review important aging-related conditions and disorders of the musculoskeletal and neuromuscular/neurological systems respectively. Neoplasms commonly encountered in older people are the focus of the fourth unit; while aging-related conditions of the cardiovascular, pulmonary, integumentary and sensory systems are presented in units five through seven. Unit eight highlights a range of specific clinical problems and conditions commonly encountered with older patients. Critically, all of these units emphasize important examination and diagnostic procedures needed for a thorough evaluation and stress interventions that can be of significant benefit to the older patient. The ninth unit presents select physical therapeutic interventions that are especially important in managing rehabilitative care. Key societal issues related to aging are discussed in the tenth unit. Finally, the concluding eleventh unit focuses on the successful rehabilitation team that includes both professional and non-professional caregiver members. - A trusted guide to the conditions and problems faced when evaluating and treating geriatric patients - Extensive coverage over 84 chapters, each written by an expert in the field -

Includes imaging, vision and the aging ear - Cross-referenced - providing the complexity and inter-relatedness of co-morbidities common to aging patients - Collaborative international perspective - Chapters on the aging spine; frailty; safe pilates for bone health; health care for older people - Additional renowned editor - Ronald W. Scott - Revised title to reflect the comprehensive scope of content covered (previously entitled Geriatric Rehabilitation Manual)

20 questions doctors ask patients: Nursing Times, Nursing Mirror , 2008

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