



# Short Window in Medicine

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## Preface

History taking and physical examination are an art and cannot be acquired simply by reading books. Nonetheless, a book such as this can help you organize your approach to each symptom, select a battery of appropriate questions, interpret the information received, and narrow down the diagnostic hypotheses. It is important that students learn a structured approach from the very beginning during their clinical attachments, but it is never too late for postgraduate students to adapt and develop it. There are 6–8 principal symptoms in each system and students should consult a book on clinical skills and master a battery of questions for each symptom, and then practice the art of asking these questions at every opportunity during their clinical training. Remembering the questions is easier than the art of asking them, which can be improved by constant practice, self-criticism and helpful comments from a good teacher. A famous neurologist once said, during a teaching session, that diagnosing the cause of headache the most common symptom in medicine is like completing a jigsaw puzzle of asking 13 questions. Those who can only count 12 questions should consider asking the final question to the patient as to what he or she thinks are the cause of the headache. The same can be said about any other symptom such as chest pain or palpitations. It is important to explore the presenting symptoms fully before going on to other aspects of the history taking. The examiners take a dim view of any candidate who skates back and forth from the presenting complaints to past or family history. It becomes easier to identify the chief areas of concern in other parts of the history, and the possible risk factors, only after adequately exploring the presenting complaint (s). Besides, it is imperative to let the patient ventilate fully his or her major concerns both in clinical practice and in the exam. A systems review will be necessary to find out if the patient has any other complaint which he or she has not mentioned. During your clinical attachments, foundation programme and core training appointments, you should get into the habit of going over your notes each time you take a history, and judging whether you have covered all aspects of the history and then assembled the appropriate differential diagnoses. Once you have done that you should then prepare a summary of the problem(s) and the possible management plan and articulate it vocally to yourself. This habit will serve you well for any examination. As you prepare for the clinical exam, you should act out each history scenario from this book with a fellow candidate and discuss the conclusions and management plans. This will tighten up your history-taking technique and your presentation skills. Remember, the examiners do not know you are clever; you have to demonstrate it. The exercise will also help to make you a methodical and articulate clinician.



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