Hi, Roger Paligutan. Welcome to i-Human.
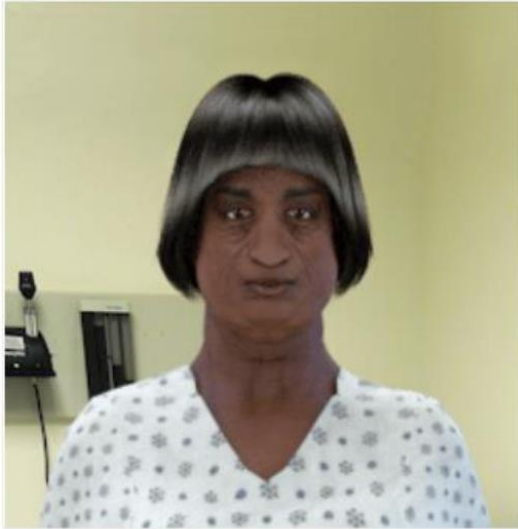
Mabel Johnson

76 y/o
5' 4" (163 cm)
186.0 lb (84.5 kg)

Chief complaint
Knee pain

Review

Case Study: Mabel Johnson V5 PC

Case Instructions

STUDENT CASE PLAY INSTRUCTIONS

==**Please follow the assignment due dates listed in BlackBoard. The due dates listed in the i-Human program are NOT the due dates for the assignments. The dates listed in i-Human are for administrative purposes only. All i-Human cases completed after the due date listed in BlackBoard will be considered late.**==

Below is the breakdown of the grading rubric for this Basic DDx case. You will be allowed to push the Interview Progress Button and receive feedback on your history questions, 5 hints for the learning mode cases only.

Your history question limit for your patient is 100 questions, please use them wisely.

a) HPI statement (15% of grade)

b) History (10% of grade)

c) Physical Exam (10% of grade)

d) Diagnostic testing (10% of grade)

c) Appropriate selection and ranking of differential diagnoses (20%)

d) Plan covering all critical components of patient's final diagnosis (30%)

e) Clinical exercises (5%)

The software platform is designed to help you become proficient in the diagnostic reasoning process (a the steps prior to the final diagnosis), so you can apply this process in the real clinic setting. Key to minimizing medical errors is the clinical consideration of a broad differential diagnosis list and the selection of tests to either "rule in" or "rule out" these diagnoses

Detailed Instructions Below:

NOTE from your INSTRUCTOR: You are required to complete the HPI portion of the EMR. This section can be found by clicking on the "Patient Record" tab on the left side of your case and is available to access until you complete the case and submit. Once your case assignment has been submitted you cannot go back and change any sections of your case assignment.

1. Take the patient's history. You are limited to a maximum of 100 history questions.

○ Assess all aspects of the patients HPI and pertinent related history.

○ Decide if this is a patient that can be treated as an outpatient, i.e., a focused case with fewer history questions needed versus a patient who might be hospitalized for treatment, i.e., comprehensive case where all components of a history should be investigated. Do you have a prior chart to review?

○ Document the chief complaint

○ Document any abnormal history or complaints on your Key Finding list

○ The Interview Progress Button can be used up to as designated above to give you feedback on how close you are to asking all the authors "required questions".

2. Proceed to perform a PHYSICAL EXAM.

○ Assess vital signs and perform the examination appropriate for the type of case identified by the above history. Remember the comprehensive cases require a comprehensive physical.

3. Document abnormal history and physical findings on your Key Finding list.

4. Write a concise HPI and include it in the correct place as part of the EMR.

○ Start with the demographic introduction of your patient and their chief complaint. Include data on all aspects of the History of Present Illness as well as pertinent medical history, current medications, and other history data that would help support your diagnosis.

5. Complete your differential diagnosis list.

○ You may start your differential diagnosis during the history taking section, but after completing the problem statement, reflect and finalize your differential diagnosis list. Remember, this part of the case will be scored on how comprehensive this list is. You will not lose points for having too many, points are lost only if you have too few. The average list contains 5 diagnoses.

6. Order Tests

○ Order tests for your top 2 diagnoses only and link it to a diagnosis. Some tests are ordered to "rule in" a diagnosis while others are ordered to "rule out" a diagnosis.

7. Review test results

8. Select a final diagnosis

9. Develop a treatment plan as described by your course director

10. Submit your case and review your case play score

DO NOT try to scam the system by just clicking on everything. The software tracks not only what is done, but also keeps track of the order of completion. Clicking on the first opening question and then just going down the list of questions in the history is viewed as "scamming" the system and can result in a score of ZERO---same principle applies to each section. The time for completion of the case, as well as time spent in each section of the case is also recorded. This data has been shown to correlate with case performance. Very short times have lower scores as do very long times. The former is most likely due to lack of effort while the latter may be because the user is receiving multiple interruptions. The low score then most likely reflects "lack of continuity" of thought. Try to set aside enough time to complete the case in its entirety in a single sitting.

**** HELPFUL HINTS ****

The Avatars and cases in the IHP case library are based on "real patients". If the Avatar provides confusing information, this is intentional as we often what we find real patients provide incongruent information. For example, the Avatar may use the term "rash" for skin lesions that are not by medical definition a rash---just like real patients. Avatars may refuse to answer questions, just like real patients. Phrasing of questions IS important. Asking a "similar" question that is less specific may not be scored correct if it does not provide the clarity of information needed to narrow the differential. All of these small nuances in the case design were intentional and replicate the challenges you will face with real patients in a clinical setting. My recommendation is to pretend this is a real clinical patient encounter and select a time so you can enjoy the process and not feel pressured for time. Remember, you are not scored on whether you get the correct diagnosis, but rather have you mastered the process. Mastery of the process will help you avoid making diagnostic errors throughout your clinical career.

| History | Physical Exam | Assessment | Tests | Diagnosis | Plan | Summary | 📌 |

Questions you ask now (after evaluation) don't affect your score.

🧠 History

Choose a category:

| Interview Opening |
| ▶ HPI: Constitutional Complaints |
| ▶ HPI: Other Complaints (A - H) |
| ▶ HPI: Other Complaints (I - Z) |
| ▶ HPI: Pain Complaints (A - H) |
| ▶ HPI: Pain Complaints (I - Z) |
| ▶ HPI: Psychological Complaints |
| ▶ HPI: Sensation & Movement Complaints |
| ▶ Past Medical History (PMH) |
| Family Medical History (FH) |
| ▶ Social Hx (SH) |
| Diet |
| ▶ Review of Systems (ROS) |

Or, ask a question. Complete questions work best.

🎤 [   ]

How can I help you today? *(previously asked)*

What has been happening since your last visit?

Do you have any other symptoms or concerns we should discuss?

Do you have pain anywhere? If so, where?

What symptom is the most distressing for you?

Has anyone else you know developed these symptoms?

Tell me how that makes you feel.

How does this affect your life?

What is your name? *(previously asked)*

Where are you? *(previously asked)*

What time is it? *(previously asked)*

What happened? *(previously asked)*

Clinical Feedback

History Taking Strategy

Below you will see the strategy for selecting the "required" questions in this patient encounter using the **OLD-CARTS** mnemonic for the HPI.

Chief Complaint

Start with open-ended patient-centric questions.

🟢 Asked ⊗ Not asked

Graded	Approach	Question	Response	Information Obtained *Clinic Notes*
🟢	CC Sx	How can I help you today?	I'm having pain in my knees and I am ready to do something about it. That is why they sent me to you. My knees have been getting worse over the past couple of years. They hurt when I walk for more than a block and when I climb stairs.	
⊗	Assoc Sx	Do you have any other symptoms or concerns we should discuss?	Well, my hands are getting more stiff and my knuckles seem to be getting fat. They hurt sometimes too.	

OLD-CARTS for the HPI

🟢 Asked ⊗ Not asked

Graded	Approach	Question	Response	Information Obtained *Clinic Notes*
🟢	Onset	When did the pain in your knee(s) start?	About five years ago, but it's gotten worse over the years.	
⊗	Location	Where more precisely is the pain in your knee(s)?	Inside.	
⊗	Location	Where more precisely is the swelling?	Mostly my knees sometimes get swollen. Occasionally my finger knuckles too.	
🟢	Location	Does the pain in your knee(s) radiate someplace else? Where?	It's kind of on the inside of my knees. My right one is worse. The ache seems to go down my right leg toward my ankle.	

Case Study: Mabel Johnson – Overcoming Life Transitions

1. Introduction

Mabel Johnson, a 68-year-old retired teacher from Chicago, faced significant emotional, social, and health challenges after retiring from a 40-year career in education. This case study explores her struggles, interventions, and the transformative journey that led her to rediscover purpose and well-being.

2. Background and Context

- **Name: Mabel Johnson**

- **Age: 68**

- **Occupation: Retired teacher**

- **Location: Chicago, Illinois**

- **Key Life Events:**

    o **Dedicated four decades to teaching underprivileged children.**

    o **Lost her husband two years prior to retirement.**

    o **Experienced post-retirement identity loss, loneliness, and declining physical health.**

3. Challenges and Issues Identified

1. **Emotional and Psychological Struggles:**

    o **Feelings of purposelessness and depression after retiring.**

    o **Social isolation due to fewer daily interactions.**

2. **Health and Cognitive Decline:**

    o **Early signs of cognitive slowing.**

    o **Arthritis leading to mobility issues.**

3. **Financial Adjustments:**

    o **Reduced pension income affecting her lifestyle.**

4. **Loss of Routine and Structure:**

    o **Struggled with unstructured free time after years of a disciplined career.**

4. Intervention and Solutions

Psychological and Emotional Support