

Coaching Best Practices - Physical Exam Skills

General Recommendations for the Physical Exam:

1. Beware the pre-diagnosed patient. Instruct residents to always confirm a diagnosis on their own through their own physical exam and data.
2. Encourage residents to be mindful of the impact of their behaviors on the emotions of the parent and/or family. The first doctor's visit can be especially anxiety provoking for parents, so residents should express confidence in the newborn's health or progress when they can. A common example is explaining infant weight loss in a way that mom understands the significance, but still feels successful and supported in her breast-feeding.
3. Offer specific strategies to the resident for communicating with families that do not include jargon and complex medical terminology (e.g., when describing how a flu shot works, offer suggestion to say, "a little bit of the inactive virus is used" or to use the word "kidney" instead of "renal.")
4. Encourage residents to respond directly to parent and/or family concerns by telling them, "I will look at that in my physical exam." Explain that it helps the family anticipate what the resident will do during the visit, which can be comforting and alleviate anxiety.
5. Related to above, instruct residents to explain to families and/or patients how the physical exam relates to patients' complaints so they remain engaged and understand the residents' thought process (e.g., "I'm going to make sure your stomach feels normal since you've been having pain there in the mornings.")
6. Take every opportunity to incorporate parent education into the exam. Remind residents that should explain to parents what they are looking for and why, and include the relevance. This is especially important for the first visit.
7. When possible, remind residents to use family members to their advantage. For example, with adolescent patients, residents can follow up with parents on any issues that may be unclear or concerning from the physical exam.
8. Encourage residents to sit down with patients/families when they can and if it makes sense to do so. Body language communicates a lot to patients, and sitting down can help reassure nervous parents and let them know residents are engaged and have time for them.

Specific Strategies for Physical Exam:

1. Encourage physical exam of newborn or infant in mother's arms (especially if baby is crying). Instruct residents to focus first on abdomen, heart and lung, then finish with HEENT. Many recommend finishing with ears.
2. For a difficult ear exam, consider the following: parent sits on chair and baby sits on parent's lap with legs between parent's legs. Baby's face is against parent's chest. Parent holds the baby's chin up for you, as well as one of baby's arms for access to ear.
3. If baby is crying and can be soothed by physician, use gloved finger to encourage sucking for a quiet and easier exam.
4. Instruct residents that the baby should be undressed for a full skin exam. Residents should enlist the parent's help with this, and ask parents to hold and undress the baby for them. Remind them to always consider the possibility of NAT - look for bruises and ask parents about them if you notice any.
5. Remind residents to use the stethoscope on bare skin, not over T-shirt.
6. Remind residents to always perform a thorough abdominal exam in infants/toddlers to ensure no abdominal masses.
7. Remind residents to rewash their hands after diaper exam. Let everyone on the team see them wash their hands.
8. Oropharynx exam can be facilitated by having the patient "roar" before you put in the tongue depressor.
9. It is best to examine the thyroid from the front when doing a HEENT exam. Use neck landmarks to make it easier to palpate.
10. For toddlers with stranger anxiety, encourage residents to keep their distance as long as they can. This demonstrates to the toddler over time that the resident is engaged in trusting relationship with parent. Consider which aspects of exam are most important given the chief complaint if the toddler is particularly difficult.
11. For examination of teen -- if parent is resistant to leave, consider asking him/her to step out during physical exam only, and use this as your opportunity to ask questions about history, particularly if they pertain to sensitive topics such as puberty, sexual activities, drug or alcohol use.
12. Encourage residents to summarize PE exam findings for parents (especially with cardiac patients). This keeps parents informed and avoids contributing to any anxiety. Even a comment of, "No changes since your last visit," can offer comfort.