

Symptom Analysis For Medical Students has 3 ratings and 0 reviews: Published by Prabhus Books, Symptom Analysis For Medical Students has 3 ratings and 0 reviews.

DISCUSSION A high prevalence of stress among medical students is a cause of concern as it may impair behaviour of students, diminish learning, and ultimately affect patient care after their graduation. The overall prevalence of stress in the study This could be either due to the different instruments used in other studies or it could be a real difference. An interesting finding of the present study was that the level of stress decreased as the year of study progressed. Results of other studies in North America also suggest that mental health worsens after students join a medical school and remains poor throughout the course 25 , especially in the transition from basic science teaching to clinical training Only one study falls in line with the finding of this study that the students found medical course stressful during the first year of study but less so in subsequent years This finding could be explained by many factors. First, that this is a cross-sectional and not a cohort study to be sure that the stress is really decreasing in the study subjects. This finding could be just due to chance as the study shows the increase of stress in different groups and not the same student groups. Also, usually low failure rates in later years of courses make students more confident and less stressed. Another factor could be that our medical education is free of charge for the students in the governmental medical colleges. In many countries, medical students are plagued by financial worries, which is an important cause of their stress 7 , The present study did not show any association of stress with grade point average academic grade and regularity of attendance in the courses. This aspect is difficult to explain based on the findings of the study. It is possible that stress is the cause of the physical symptoms, or the physical symptoms could cause the stress—both are possible. The prevalence of stress in the study was higher among the female students compared to their male counterparts but other studies have shown that the gender differences in specific stress symptoms and overall prevalence or mean scores of stress were scarce and did not turn out to be a significant factor in reporting of stress 12 , 23 , As male and female students in their studies have separate campuses, it could be speculated that relatively a poor learning environment exists in the female campus with lesser educational facilities and recreation opportunities. However, this issue could not appropriately be explained by our study and requires further investigation. The negative effects of long and tiring medical education on the psychological status of students have been shown in several studies. Results of a study in the UK showed that one-third of psychologically-ill students did not graduate from the college The changes relating to becoming a medical student appear to have a significant impact on the psychological status of students during the first year in their study. Therefore, with early identification and effective psychological services, possible future illnesses may be prevented. As the study findings showed a high level of stress among the first-year and second-year students, we suggest supporting them and taking care of this group by the student support system. This will also help them cope well with stress in the later years. It is very important to target stress-prevention strategies at students who have any level of psychological stress to prevent the development of more serious conditions relating to stress. Wellness and mental health programmes are also needed to help students make smooth transition between different learning environments with changing learning demands and a growing burden on their mental and physical capacity. Medical schools in the United States and Canada have initiated health-promotion programmes and have reported positive results in reducing the negative effects of stress upon health and academic performance of medical students 30 - A similar approach to reduce the level of stress could be used for the students of the College of Medicine, King Saud University. An element of stress is involved with growth and is essential for sound personal functioning. Limitations This cross-sectional study was based on self-reported information provided by students. Another longitudinal study could be carried out with a cohort of students to investigate the levels of stress among students in all the five years of undergraduate medical years and the associated factors. Conclusions The findings of the study suggest that the level of psychosocial stress was higher in the female students compared to the male students. The stress level in the initial three years of the course was higher than the last two years of the course. Physical problems

might have led to extra stress. The study did not find a significant association between academic grades and regularity of attendance in the course on one hand and the presence of stress on the other hand. The findings of high level of stress among the medical students in the initial years also suggest that, when students are admitted to the medical school, special care must be taken to find out obvious psychiatric problems or psychological stress among them. The major finding of high psychological stress in the students of the medical college of King Saud University points to the need for establishing counselling and preventive mental health services as an integral part of routine clinical services being provided to the medical students. They also thank Dr. Shaffi Ahamed Shaikh for statistical analysis and Prof. Riaz Qureshi for revising and editing the manuscript. A prospective analysis of stress and academic performance in the first two years of medical school. Does medical school cause health anxiety and worry in medical students? The impact on students of adverse experiences during medical school. Stress in undergraduate medical education: Stress and depression among medical students: Stress, debt and undergraduate medical performance. Emotional distress in junior hospital doctors. The relative importance of individual and organizational factors for the prevention of job stress during internship: Burnout and psychiatric morbidity in new medical graduates. Levels and sources in medical students. Psychological stress among undergraduate medical students. Stress among medical students in a Thai medical school. Factors in medical school that predict postgraduate mental health problems in need of treatment. A nationwide and longitudinal study. Perceived stress among male medical students in Egypt and Saudi Arabia: Study of stress among medical students at Manssoura University. Anxiety, depression and stressful life events among medical students: Short screening scales to monitor population prevalence and trends in non-specific psychological distress. Evaluation of 2 measures of psychological distress as screeners for depression in the general population. Factor structure and interpretation of the K Prevalence of psychological stress assessed in emergency departments. Prevalence of psychological distress, anxiety and depression in rural communities in Australia. Aust J Rural Health. Stress and depressed mood in medical students, law students, and graduate students at McGill University. Psychological stress burnout in medical students: J R Soc Med. Can Med Assoc J. Psychiatric illness in medical students. American medical students in Israel: Lee J, Graham A. A survey of health promotion programs in U. Am J Health Promot.

Chapter 2 : Medical students' disease - Wikipedia

Your Diagnosis is an online medical tool designed by Doctors and Software Developers to assist You. It will provide you with a confidential health report which you can print, email or take to your doctor.

Precipitating and disposing factors related to onset Characteristics Location and radiation of pain where is it located, is it in one location, diffuse, or does it radiate? Quality What is it like--for example, is the pain dull, sharp, throbbing? Associated factors other related symptoms--review of the appropriate body system s , or a directed review of systems Course Incidence single or recurrent episode, predictable? The meaning of some of the above-mentioned terms are: Onset describes when the symptom first occurred and may be sudden or gradual. Incidence refers to the frequency of the symptom. Duration applies to the amount of time the symptom lasts. Onset and duration are documented in standard terms, for example, upon awakening in the morning, 30 minutes after meals, twice a day, and for three hours. Terms such as frequently, a lot, and often are inexact and confusing. Manner describes the nature of the system over time, for example, intermittent, constant, continually worsening, and crescendo-decrescendo. The location applies to the specific place where a symptom is experienced. Most frequently it is used for pinpointing an area where pain occurs and includes the origin and any radiation to other areas. Sometimes it is helpful to ask the client if it feels like anything experienced before. An example is the feeling of pressure or chest constriction during a myocardial infarction. Patients often describe this feeling as if the weight of an elephant were sitting on the chest. There are at least 50 words in the English language for pain; however, the most commonly used ones are aching, burning, dull, sharp, stabbing, stinging, and throbbing. The quantity is the amount experienced in concrete, measurable terms, such as minutes, hours, days, or weeks. My pulse was up to for 15 minutes. This applies to who was present, where it occurred, and during what kind of activity. My husband and I are having marital problems. Tell me more about that. We fight a lot. It seems like we fight all the time. Whenever we are in the same room, one of us seems to get mad at the other. Is there anything else going on that seems related to these fights? Well, my husband lost his job three months ago because of funding cuts. Has anything helped your problems? We used to go out once a week until the job layoff. That gave us a chance to talk and be close without the kids. An aggravating factor seems to increase the intensity of a symptom, while an alleviating factor seems to produce a lessening effect. An associated factor appears to be related to the feeling being discussed or seems to occur at the same time. Did you notice any other changes during the headache? Well, as a matter of fact, I felt sick to my stomach and was afraid that I would vomit. Of course, for the well client, the chronological investigation of symptoms is usually omitted. If later in the interview, usually during the ROS, a symptom is uncovered, it would then be discussed. For example, when a client presents for a routine checkup and later mentions amenorrhea for two months, this symptom is fully investigated, and recorded in the present illness section, proceeding from the most remote to the most recent symptom as follows: Mild cramping on second day that usually responds to aspirin, grains 10, bid. Has never practiced contraception because it would ruin naturalness of sex. This is referred to as a pertinent negative. The items can be symptoms, as well as information, from any other section of history family, psychosocial, socioeconomic, or nutritional history that could have significance in the overall course of health or illness. Hence the descriptive word pertinent is used. Some relationships are obvious; for example, persons with respiratory system symptoms are asked about their smoking history and persons with vascular changes such as cold extremities or intermittent claudication are asked about family history of angina, arrhythmias, arteriosclerosis, hypertension, and myocardial infarction. A good rule of thumb for beginning interviews is to ask all of the review of system questions for a given system or region when symptoms of that system or region are mentioned in the history of present illness. Disability An assessment of disability indicates what changes in lifestyle the client has made as a result of the symptoms discussed in the history of present illness. For example, a client who related recent difficulties in walking to work a distance of 1 mile due to shortness of breath and fatigue has made a quantitative statement about the effects of declining health on life style. Disability also includes financial constraints and physical limitations imposed by illness or injury. Medications All related medications taken by the client are recorded in this

manner: Over-the-counter drugs including vitamins, aspirin, and cold remedies are also listed. Documentation Tips When writing the symptom analysis history of present illness , integrate this information using appropriate indentations and paragraphs--do not label categories or list items as you would in other parts of the complete history. In your written notes, use appropriate abbreviations, symbols, and non-wordy, but meaningful sentences. Do not use excess adverbs. Documentation Example The following is an example of a completed history of present illness for a client with burning pains in the stomach: Denies diarrhea, melena, belching, nausea, jaundice, dysphagia, bloating, constipation, and hemorrhoids. Paternal grandfather died of stomach hemorrhage at age 64. Father, age 64, three hospital admissions for bleeding peptic ulcers. Well since ulcer surgery 5 years ago. Stopped drinking coffee and cola 2 yrs. Drinks six pack beer with buddies q. Maalox, 2 tabs, 30 mins. Worried about loss of income during hospitalization and about ability to pay for medical expenses.

Chapter 3 : Online Medical Diagnosis & Symptoms Analysis

There were also significant differences by year of training among medical students ($\chi^2 = 2.1$, $df = 6$, $P = .91$), with first-, second-, and third-year students more likely than fourth-year students to report experiencing depression. There were no statistically significant differences by year of residency training.

A Systematic Review and Meta-Analysis. Medical students are at high risk for depression and suicidal ideation. However, the prevalence estimates of these disorders vary between studies. To estimate the prevalence of depression, depressive symptoms, and suicidal ideation in medical students. **Data Sources and Study Selection:** Studies that were published in the peer-reviewed literature and used validated assessment methods were included. **Data Extraction and Synthesis:** Information on study characteristics; prevalence of depression or depressive symptoms and suicidal ideation; and whether students who screened positive for depression sought treatment was extracted independently by 3 investigators. Estimates were pooled using random-effects meta-analysis. Differences by study-level characteristics were estimated using stratified meta-analysis and meta-regression. **Main Outcomes and Measures:** Point or period prevalence of depression, depressive symptoms, or suicidal ideation as assessed by validated questionnaire or structured interview. All but 1 study used self-report instruments. The overall pooled crude prevalence of depression or depressive symptoms was 9.7%. Summary prevalence estimates ranged across assessment modalities from 9.0% to 10.4%. Depressive symptom prevalence remained relatively constant over the period studied baseline survey year range of 2000-2009; slope, 0.01. Prevalence estimates did not significantly differ between studies of only preclinical students and studies of only clinical students. The percentage of medical students screening positive for depression who sought psychiatric treatment was 11.3%. The overall pooled crude prevalence of suicidal ideation was 7.1%. Summary prevalence estimates ranged across assessment modalities from 6.5% to 7.7%. In this systematic review, the summary estimate of the prevalence of depression or depressive symptoms among medical students was 9.7%. Further research is needed to identify strategies for preventing and treating these disorders in this population.

Chapter 4 : Articles | Medical Student Research Journal

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A large percentage of the time, you will actually be able to make a diagnosis based on the history alone. The value of the history, of course, will depend on your ability to elicit relevant information. Your sense of what constitutes important data will grow exponentially in the coming years as you gain a greater understanding of the pathophysiology of disease through increased exposure to patients and illness. However, you are already in possession of the tools that will enable you to obtain a good history. That is, an ability to listen and ask common-sense questions that help define the nature of a particular problem. It does not take a vast, sophisticated fund of knowledge to successfully interview a patient. In fact, seasoned providers often lose sight of this important point, placing too much emphasis on the use of testing while failing to take the time to listen to their patients. Successful interviewing is for the most part dependent upon your already well-developed communication skills. What follows is a framework for approaching patient complaints in a problem-oriented fashion. The patient initiates this process by describing a symptom. It falls to you to take that information and use it as a springboard for additional questioning that will help to identify the root cause of the problem. Note that this is different from trying to identify disease states which might exist yet do not generate overt symptoms. To uncover these issues requires an extensive "Review of Systems" (ROS). Generally, this consists of a list of questions grouped according to organ system and designed to identify disease within that area. For example, a review of systems for respiratory illnesses would include: Do you have a cough? If so, is it productive of sputum? Do you feel short of breath when you walk? In a practical sense, it is not necessary to memorize an extensive ROS question list. Rather, you will have an opportunity to learn the relevant questions that uncover organ dysfunction when you review the physical exam for each system individually. In this way, the ROS will be given some context, increasing the likelihood that you will actually remember the relevant questions. Always introduce yourself to the patient. Then try to make the environment as private and free of distractions as possible. This may be difficult depending on where the interview is taking place. The emergency room or a non-private patient room are notoriously difficult spots. Do the best that you can and feel free to be creative. If possible, sit down next to the patient while conducting the interview. Remove any physical barriers that stand between yourself and the interviewee. These simple maneuvers help to put you and the patient on equal footing. Furthermore, they enhance the notion that you are completely focused on them. You can either disarm or build walls through the speech, posture, and body language that you adopt. Recognize the power of these cues and the impact that they can have on the interview. While there is no way of creating instant intimacy and rapport, paying attention to what may seem like rather small details as well as always showing kindness and respect can go a long way towards creating an environment that will facilitate the exchange of useful information. If the interview is being conducted in an outpatient setting, it is better to allow the patient to wear their own clothing while you chat with them. At the conclusion of your discussion, provide them with a gown and leave the room while they undress in preparation for the physical exam. Ideally, you would like to hear the patient describe the problem in their own words. Open-ended questions are a good way to get the ball rolling. How can I help you? What seems to be the problem? When this occurs, explore each one individually using the strategy described below. There is no single best way to question a patient. Successful interviewing requires that you avoid medical terminology and make use of a descriptive language that is familiar to them. There are several broad questions which are applicable to any complaint. How long has this condition lasted? Is it similar to a past problem? If so, what was done at that time? How bothersome is this problem? Does it interfere with your daily activities? Does it keep you up at night? Try to have them objectively rate the problem. If they are describing pain, ask them to rate it from 1 to 10 with 10 being the worst pain of their life, though first find out what that was so you know what they are using for comparison. Furthermore, ask them to describe the symptom in terms with which they are already familiar. A sensation of pressure? If it affects their activity level, determine to what degree this occurs. For example, if they complain

of shortness of breath with walking, how many blocks can they walk? How does this compare with 6 months ago? Is the symptom e. Has this changed over time? If the symptom is not focal, does it radiate to a specific area of the body? Have they tried any therapeutic maneuvers?: Pace or progression of illness: Is the problem getting better, worse, or staying the same? If it is changing, what has been the rate of change? Are there any associated symptoms? Often times the patient notices other things that have popped up around the same time as the dominant problem. These tend to be related. Does this relate to a gradual worsening of the symptom itself? Has the patient developed a new perception of its relative importance e. Do they have a specific agenda for the patient-provider encounter? The pain began 1 month ago and only occurs with activity. It rapidly goes away with rest. When it does occur, it is a steady pressure focused on the center of the chest that is roughly a 5 on a scale of 1 to 5. Over the last week, it has happened 6 times while in the first week it happened only once. The patient has never experienced anything like this previously and has not mentioned this problem to anyone else prior to meeting with you. As yet, they have employed no specific therapy. This is quite a lot of information. However, if you were not aware that coronary-based ischemia causes a symptom complex identical to what the patient is describing, you would have no idea what further questions to ask. With additional experience, exposure, and knowledge you will learn the appropriate settings for particular lines of questioning. With each step, the list of probable diagnoses is pared down until a few likely choices are left from what was once a long list of possibilities. Perhaps an easy way to understand this would be to think of the patient problem as a Windows-Based computer program. The patient tells you a symptom. You click on this symptom and a list of general questions appears. The patient then responds to these questions. You click on these responses and As yet, you do not have the clinical knowledge base to know what questions to ask next. As such, you would ask follow-up questions that help to define a cardiac basis for this complaint e. You may then focus your exam on the search for physical signs that would lend support to your working diagnosis and help direct you in the rational use of adjuvant testing. All patient complaints merit careful consideration. Some, however, require time to play out, allowing them to either become "a something" a recognizable clinical entity or "a nothing," and simply fade away. Clinicians are constantly on the look-out for markers of underlying illness, historical points which might increase their suspicion for the existence of an underlying disease process. For example, a patient who does not usually seek medical attention yet presents with a new, specific complaint merits a particularly careful evaluation. You will undoubtedly forget to ask certain questions, requiring a return visit to the exam room to ask, "Just one more thing. Dealing With Your Own Discomfort: Many of you will feel uncomfortable with the patient interview. This process is, by its very nature, highly intrusive. The patient has been stripped, both literally and figuratively, of the layers that protect them from the physical and psychological probes of the outside world. Furthermore, in order to be successful, you must ask in-depth, intimate questions of a person with whom you essentially have no relationship. This is completely at odds with your normal day to day interactions. There is no way to proceed without asking questions, peering into the life of an otherwise complete stranger.

Chapter 5 : Not My Second Opinion: OLD CARTS: 8 attributes of a symptom

Rema Pai is the author of Symptom Analysis For Medical Students (avg rating, 3 ratings, 0 reviews, published) and A Concise Guide to Neurology.

YourDiagnosis is an confidential online diagnostic tool. Based on your symptoms, it asks a series of targeted questions, and uses this information to build a comprehensive medical history. This data is analysed using an medical algorithm to determine a list possible or probable diagnoses. Previous users with a Secret ID and password - If you provided your email address when you registered you can retrieve these details by going to the Existing User page by clicking on the "Sign In" button on the home page and entering your email address. If not then you will need to create a new account. All other users - Go to the Existing User page by clicking on the "Sign In" button on the home page and enter the email address which you used during registration and we will send your password via email. How secure is my personal information? All information that is received, used or disclosed in connection with YourDiagnosis is encrypted. We use Secure Socket Layer SSL which is an industry standard encryption system to ensure that your personal information is fully protected and not accessible by any unauthorized individuals. YourDiagnosis follows International and National codes of practice to protect its customers and ensure complete confidentiality. How do I view a previous summary? Click on the "Start Online Diagnosis" button. Then choose the "Existing User" button. Here you will find options to view your past summaries or start a new session. Why use YourDiagnosis when there are so many other health information websites on the internet? YourDiagnosis is different from other online symptom analysis websites. YourDiagnosis performs a in-depth analysis, which collects all the information about your health condition and then forms a list of diagnoses. YourDiagnosis has a database of thousands of questions. In most of the other online diagnostic websites, the total number of questions is fixed and you are required to answer all of them. In YourDiagnosis, the number and type of questions asked will vary depending on your responses. Analysis of your answers to these questions will provide a comprehensive list of possible or probable diagnoses which you can share with your doctor or health professional. Do you receive income or endorsements from advertisers on your site? No advertising is allowed on YourDiagnosis to maintain our professional integrity. Information provided on this website and during the YourDiagnosis session should not be regarded as a substitute for medical advice. This site complies with the HONcode standard for trustworthy health information.

Chapter 6 : Nursing Professor: The SOAP Note: A Great Tool for Teaching Clinical Decision-Making

Analysis information including symptoms, causes, diseases, symptoms, treatments, and other medical and health issues.

Hmong; Mien; Laos, refugees; cross-cultural healthcare; medical education. In both the United States and Laos, Lao ethnic minority patients face cultural and linguistic challenges to adequate medical care. We may be able to learn from Lao experiences to improve care for patients in the United States. The students identified similar barriers to care. Laotian students identified unique strategies to address barriers to care. American students focused on general approaches to cross-cultural care. The strategies that Laotian medical students learn in their training reflect their extensive exposure to Hmong and other Laotian ethnic minority patients, while American students learn broad strategies to care for many minority groups. Further work is needed to determine if their experience can be translated into the domestic context. January 1, Senior Editor: Ghadear Shukr Junior Editor: Care for Laotian Ethnic Minorities: Medical Student Research Journal. Bull World Health Org ; 8: Refugees and the structure of opportunity: Center Migrat Stud Spec Issues ; 5: We are the people: SF Weekly ; Congressional Research Service Report for Congress Health status of refugees from Vietnam, Laos, and Cambodia. World directory of minorities and indigenous peoples. Coalition building and the intervention wheel to address breast cancer screening in Hmong women. Clin Med Res ; 9: Hypertension and the Hmong community: Health Promot Pract ; Hmong health beliefs and experiences in the western health care system. J Transcult Nurs ; J Immigr Minor Health ; 9: Thai army deports Hmong to Laos. Plants used during pregnancy, childbirth and postpartum healthcare in Lao PDR: J Ethnobiol Ethnomed ; 5: Use of traditional medicine in Lao PDR. Complement Ther Med ;

Chapter 7 : Analysis of Symptom

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Chapter 8 : Symptom Checker - Try the one the doctors use - Isabel Healthcare

Twenty-seven percent of medical students around the world report depression or depressive symptoms, and 11 percent experienced suicidal ideation during medical school, says a systematic review and meta-analysis published in JAMA.

Chapter 9 : Symptom Analysis for Medical Students

The WebMD Symptom Checker is designed to help you understand what your medical symptoms could mean, and provide you with the trusted information you need to help make informed decisions in your life for better health.