Physical Diagnosis Component
Medicine, Patients and Society II
2004-2005

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Goal of the Physical Diagnosis Component

To BEGIN to learn how to interview and examine patients

Course Requirements

1. Attendance at lectures (Tuesdays from 8 AM to Noon)-MANDATORY


3. Attendance at two (2) self-exam sessions (the weeks of October 19th, 26th) that meet each week from 5-6:30 PM. You will practice physical diagnosis skills on each other in small groups under the supervision of faculty. A schedule is attached.

4. Attendance at teaching assistant sessions where you will learn:
   - Pelvic/Breast exam
   - GU/Rectal exam

5. Attendance at ten to twelve (10-12) weekly sessions under the guidance of a Physical Diagnosis Tutor. These sessions begin the week of November 15th and run through the week of March 15th. These sessions will go from approximately 1 PM to 5 PM. Transportation to network hospitals will be arranged by Caryn Davi (746-1046). You will need to make-up any missed sessions. A schedule will be provided to you in October. You will work with a different preceptor for each half (6-7 weeks) of the experience. You will be required to write-up four (4) patients (2 for each half of the experience). Your Physical Diagnosis Tutor will grade these write-ups.

Student Assessment

Your performance and write-ups will be evaluated by your Physical Diagnosis Tutor.

There will be a written exam and a practical exam the weeks of March 22nd and March 29th. The written exam will test your knowledge of some of the basic principles of physical diagnosis that you have learned in the lectures and self-exam sessions.

The practical exam will assess your ability to interview and examine a patient and present your findings to a Physical Diagnosis Tutor. Please note that the practical exam may be on a different day of the week than your usual session. In addition, please note that a different Physical Diagnosis instructor will evaluate your performance.
Physical Diagnosis
Self-examination Sessions

The readings from Bates’ Guide to Physical Examination and History Taking, Eighth Edition should be done in advance so that you have familiarity with the pertinent portion of the exam prior to the session.

Week of October 19, 2004

• General Survey p. 72-75
  Patient’s state of health
  Signs of distress
  Skin color and obvious lesions
  Height, weight, build
  Sexual development
  State of awareness (level of consciousness)
  Posture, gait, motor activity
  Hygiene, grooming
  Manner, affect

• Vital Signs p. 75-82
  Temperature
  Blood pressure
  Heart rate
  Respiratory rate

• Skin p. 100-102
  Characteristics: color, moisture, temperature, texture, turgor
  Lesions
  Hair (quantity, distribution, texture) and nails (color, shape, lesions)

• Head p. 144
  Scalp
  Hair
  Skull
  Face

• Eyes p. 144-155
  Acuity
  Fields
  Position and alignment of eyes
  Eyelids, lacrimal apparatus, sclera, conjunctiva
  Cornea, iris, lens
  Pupils and reaction to light
  Extraocular movements
  Ocular fundi
Week of October 19, 2004 (continued)

- **Ears**
  p. 156-158
  Auricles
  Canals
  Drums
  Acuity (if abnormal, lateralization and conduction)

- **Nose and Sinuses**
  p. 159-160
  External nose
  Mucosa, septum, turbinates
  Check for sinus tenderness

- **Mouth and Pharynx**
  p. 160-162
  Lips
  Oral mucosa, gums, teeth
  Tongue, palate
  Tonsils, pharynx

- **Neck**
  p. 163-167
  Lymph nodes
  Check for masses or pulsations
  Trachea position
  Sound and effort of breathing
  Thyroid