

The exam of my choice is a chest exam (PA & lateral) to be specific that I did on a female with chest pain. This exam was to evaluate her lungs, heart, and chest wall. The chest x-ray may have been used to help diagnose her chest pain. The type of questions that I asked the patient was her full name and DOB along with what happened just to get additional information from her before I continued with my questions. I also confirmed the exam that I was doing with her that way I knew for sure I was doing the correct exam on the correct patient. Other questions were if she had any jewelry or metal on or around the chest area that would appear in the chest x-ray, if she was wearing a bra with metal in it, if there was any chance of pregnancy because the patient was in her childbearing years, and if she had been tested for COVID. The reason I chose the questions that I did was due to the reason for the exam. The patient was scheduled to have a chest x-ray due to chest pain that she had for a few weeks that did not seem to be going away. The information was relayed to the radiologist explaining that the patient's chest pain has been ongoing for a few weeks and that she had not done anything different out of her normal routine other than traveling. I also passed along the information that she did test positive for COVID by a home test that she took a few days prior to her chest exam. The information obtained helped the radiologist by knowing more of what to look for and narrow down diagnoses for her chest pain which her chest pain was a result of having COVID. Her x-rays looked clear of any concerns other than the common side effects after having COVID. There was a question that I believe would have helped the radiologist diagnose the patient and what to look for which is if she had traveled outside of the US recently due to certain illnesses that she could have come in contact with that are more common in other countries just in case her chest pain was not from COVID. If I did not provide adequate information in regards to the patient history, the radiologist would have been impacted by not knowing that the patient had COVID. The radiologist or doctor could have also diagnosed her with something else. Also, without providing adequate information to the radiologist it takes unnecessary time from them to try to figure out what they are looking for vs. them knowing exactly what to look for. On a scale of 1-10 I would rate my patient history techniques at about an 8.5. The reason being sometimes I don't think of the questions beforehand. I believe if I were to prepare in my head the questions before I go get the patient I would ask the patient all the questions that I need to know in a much smoother manner. I learned that the order you ask the questions in is also important because usually you get more information from the patient and you understand more clearly what they are telling you. I believe when the questions are asked in order the patient usually provides more information that is important that you didn't think of asking about in the first place. With time and experience of working with patients you learn a routine along with learning what to look for. For example, a question that was not thought of prior to talking to the patient but you physically see something that concerns you it is important to ask the patient about it before doing the exam to make sure it will not interfere with the chest x-ray.