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The Components of the Social History

To Prepare (Prior to class session)

Read the assigned article/text:

JE. Carrillo; AR Green; and JR. Betancourt, MD. "Cross-Cultural Primary Care: A Patient-Based Approach". *Annals of Internal Medicine*. 1999;130(10):829-834

Mark H. Swartz. *Textbook of Physical Diagnosis: History and Physical Examination*, Fourth Edition, 2002. Saunders Publication. Chapters 1-3

Psychosocial and Spiritual History

{“The psychosocial history includes information on the education, life experiences, and personal relationships of the patient. This section should include the patient’s lifestyle, other people living with the patient, schooling, military service, religious beliefs (in relation to the perceptions of health and treatment), and marital and/or significant-other relationships. You can start by asking, “Tell me a little about yourself...your background, education, work, family.” “Who are the important people in your life?” “What do you do for fun?” “How do you feel about the way your life is going?”

A Statement regarding the patient’s knowledge of symptoms and illness is important. Has the illness caused the patient to lose time from work? What kind of insight does the patient have regarding the symptoms? Does he or she think about the future? If so, how does it look? An excellent question that can elicit a vast amount of information is “What is your typical day like?”

A spiritual history provides information about what gives meaning to the patient’s life. Spirituality helps patients cope with serious illness, debilitation, and dying. This part of the medical history provides excellent insight into your patient’s spiritual needs and belief systems. Meditation and prayer can complement medical care. Spirituality can offer hope to those with chronic disease and may even provide new meaning to their suffering. Several studies in the past few years have shown spirituality’s beneficial effect with regard to stress reduction, recovery from illness, mitigation of pain, and faster recovery from surgery. Puchalski and Romer (2000) suggest that a spiritual history might begin with an introductory question such as, “Do you consider yourself spiritual or religious?” “How important are these beliefs to you, and do they influence how you care for yourself?”}

Mark H. Swartz. *Textbook of Physical Diagnosis: History and Physical Examination*, Fourth Edition, 2002. Saunders Publication. Page 25

Thought Questions

Why are social issues important in the caring for patients of all cultures?

What would a social history include to ensure emphases on the social and cultural aspects of health?

Session Structure

Small group discussions

Large group orientation

Intended Learning Outcomes:*Students should begin to:*

- Communication, interaction, and interviewing skills
- Identify questions about health practices and beliefs that might be important in a specific local community
- Elicit a culture, social, and medical history, including a patient's health beliefs and model of their illness
- Gain knowledge, respect, and validation of differing values, cultures, and beliefs, including sexual orientation, gender, age, race, ethnicity, and class
- Recognize and manage the impact of bias, class, and power on the clinical encounter
- Demonstrate respect for a patient's cultural and health beliefs

Today's Session:

Small group discussions: Culture

Small group discussions: Ms. Graupera

Large group orientation

CULTURE**Discuss the following:**

What is culture?

Who has a "culture?"

How is culture relevant to the medical and social history?

Ms. Graupera

The Patient

Chief Complaint: “Dolor De Estómago” “ Stomachache”

Ms. Graupera is 51-year-old woman who presented to her family doctor with abdominal pain and fever.

History of Present Illness: Ms. Graupera’s husband supplies the history in broken English. He appears nervous and concerned, and appears to be an accurate historian. Ms. Graupera was in her usual state of good health until 2 weeks ago. Since that time, she has complained of almost continuous abdominal pain. Her husband states that she has not been herself. She has not wanted to eat, and generally feels uneasy. She tells her husband that she is also having loose stools. Mr. Graupera comments off the cuff that she has not even done her usual work around the house. “As soon as she comes home from work she goes right to bed.”, he says. The pain is worse under her right breast. She thought she just had really bad “gas” due to changes in her diet.

Concerning to you, however, is the fact that for the past 2 days she has had chills and sweats.

Past Medical History: “*Nervios*”

Past obstetric history: She has had 3 pregnancies and 2 live births

Medications: Vitamins

Allergies: NKDA

Family History: Mother *Nervios*

Sister with hypertension

PART 1 – Discuss the following questions:

- Provide several examples of open-ended (listening and follow-up) questions you would ask at the beginning of every encounter with a patient or now after the HPI
- How would you identify clues for the differential diagnosis?
- What do you think is going on?
- What more do you want to know?
- What parts of the physical exam do you want to focus on?
- What is the best approach when the physician and patient do not share a common language?