

Overview of KnowledgeMap and Learning Portfolio

KnowledgeMap

- A web based knowledge management tool
- Displays all the curricular documents
- Automatically locates all medical concepts in each lecture

Vanderbilt KnowledgeMap [dennyjc] - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Vanderbilt School of Medicine KnowledgeMap

Hide Search Bar

KM Portfolio Medicine Masters of Public Health GERIATRICS NEPHROLOGY

Home Browse Calendar Content Coverage Course Management Admin Tools Preferences What's New?

help * contact us * logoff

Josh Denny Superuser

Search Results Session

Term or Phrase:

(ex: heart failure and digoxin) search help

Search

Search All Documents

Expand 5 lectures

View search history

School of Medicine

- Edit lecture schedule and sessions for my course
- View recently uploaded documents
- Launch KnowledgeMap Tutorial and FAQ
- View course schedules and associated lectures by week or by course:

VMS I - Required Courses | Electives

Fall Semester Calendar **Spring Semester Calendar**

Foundations of the Profession Microbiology

Molecular Foundations of Medicine

Emphasis Program

Patient, Profession & Society

Preclinical Intersections

Structure, Function & Development

VMS II - Required Courses | Electives

Fall Semester Calendar **Spring Semester Calendar**

Ethics in Medicine Clinical Nutrition

Medical Neuroscience Genetics

Pathology Lab Diagnosis

Psychiatry Pharmacology

Radiology Physical Diagnosis

Preventive Medicine

Emphasis Program

VMS III - Required Courses

VMS IV - Required Courses | Electives

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Internet

Supports multiple "programs" (Med school, residencies, etc)

Courses grouped by years, with calendars specific for each year

2007/2008 Structure, Function & Development Schedule

[view previous year]

[edit course sessions | edit links/divisions]

Course Links[edit]: [Gross Anatomy sessions](#) | [Cell Biology sessions](#)

Labels: Exam or Quiz Physiology Gross Anatomy Cell Biology

Unit #1

Date	Time	Location	Title	Lecturer	Document(s)
10/25	08:00 AM - 08:30 AM	LH 202	Introduction	Arthur F Dalley	
10/25	08:30 AM - 10:30 AM	LH 202	Introduction to Anatomical Donations Program and In-Lab Memorial svc. Intro to Gross Anatomy Lab, Safety and Techology	Arthur F Dalley	
10/25	10:30 AM - 12:00 PM	LH 202	Layered & Segmented Structure of body; Intro to Nerves & Nerve Clasification; Simple Spinal n.	Arthur F Dalley	
10/25	01:00 PM - 02:00 PM	LH 202	(Embryo) Neuromuscular Development 1	Lillian B Nanney	
10/25	02:00 PM - 05:00 PM	IIS 10th Floor	GA Lab: Removal of Skin and Subcutaneous Tissue of Back; Superficial Muscles of the Back and Canial Nerve XI	Arthur F Dalley	
10/26	08:00 AM - 09:00 AM	LH 202	(Embryo) Neuromuscular Development 2	Lillian B Nanney	
10/26	09:00 AM - 10:00 AM	LH 202	Types of Muscle Action and Movements; Freely Moveable Joints	John S Halle	
10/26	10:00 AM - 12:00 PM	IIS 10th Floor	GA Lab: Scapular Region	Arthur F Dalley	
10/29	08:00 AM - 09:00 AM	LH 202	Vertebral Column; Postural Muscles; Spinal Cord and Its Environment	Arthur F Dalley	
10/29	09:00 AM - 10:00 AM	LH 202	Neuromuscular Phys # 1: Membrane Transport; Fluid Compartments; Osmosis	Al George	
10/29	01:00 PM - 02:00 PM	IIS 10th Floor	GA Lab: Deep Back (Perform Laminectomy)	Arthur F Dalley	
10/30	08:00 AM - 09:00 AM	LH 202	Overview of Lymphatic System; Principles of Collateral Circulation	Lillian B Nanney	
10/30	09:00 AM - 11:00 AM	IIS 10th Floor	GA Lab: Complete Dissection of Deep Back; Pectoral Region, Including Removal of Skin from Arm (Excluding Female Breast)	Arthur F Dalley	

Search Results Session

Organization of Eukaryotic Cells
Cathleen C Pettepher, PhD
08/20, 01:00 PM-02:00 PM, LH

Documents

- Organization of Eukaryotic Cells (handout) | PDF | Show CUIs (Lecture Handout)
- Organization of Eukaryotic Cells (ppt) | PDF | PDF (b&w) | Show | Show CUIs (Slides)
- Organization of Eukaryotic Cells (pdf) | PDF | Show CUIs (Slides)

Session Navigation:
◀ Previous | Next ▶

Molecular Foundations of Medicine Schedule

1 Organization of Eucaryotic Cells

- Cathleen Pettepher, Ph.D.
- Molecular Foundations of Medicine
- August 20, 2007

2 Objectives

- Get general idea of cell organization
 - Describe the major cellular components
- Understand what changes in organelles tell you about dynamics of cells

3 Common Ancestor for all Living Organisms

4 Shared Mechanisms of Biological Function

- Share a common genetic code and store the information in the form of DNA

Objectives

Get general idea of cell organization

- Describe the major cellular components

Understand what changes in organelles tell you about dynamics of cells

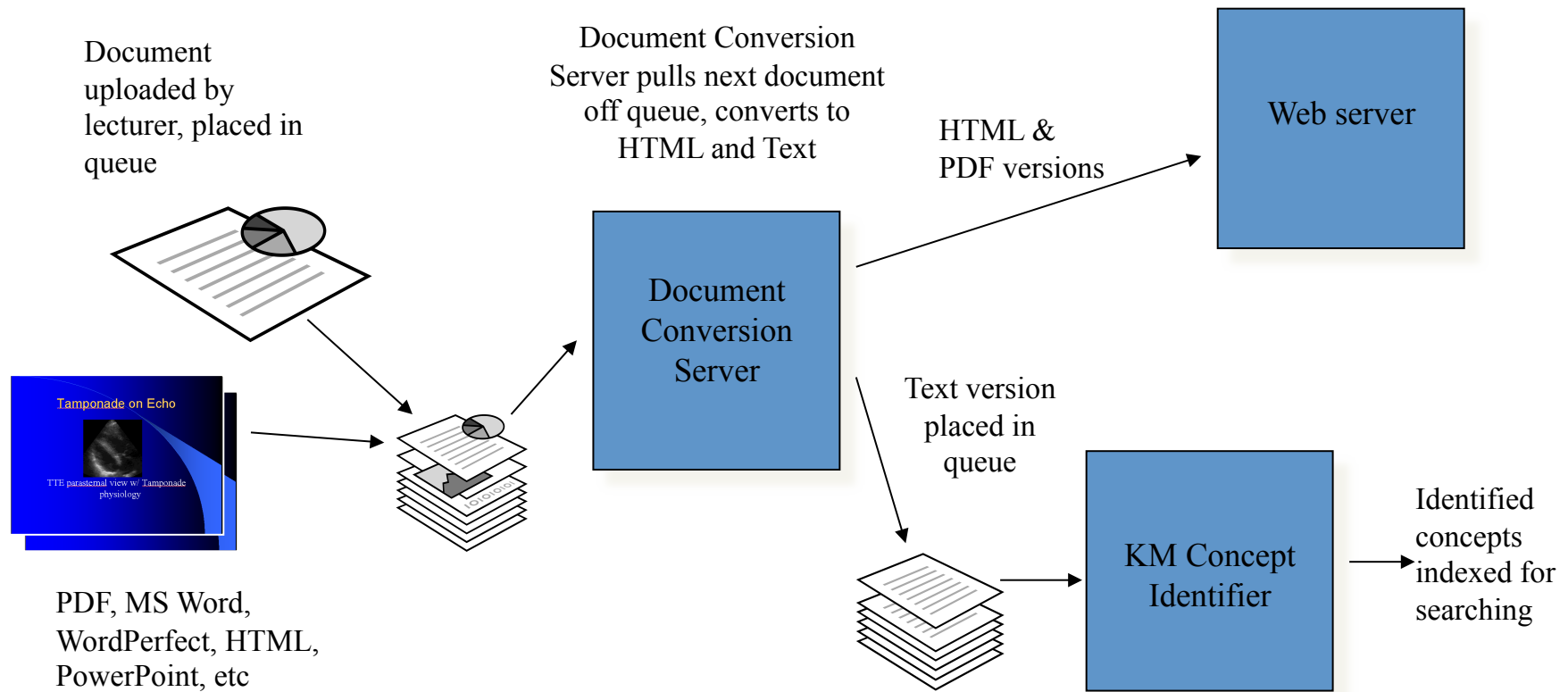
Develop global perspective

Structure: molecular organization
How structure relates to function

Can still view slideshow from HTML view of PowerPoint files

Faculty upload native formats (e.g., PowerPoint) and KM creates other formats automatically

Document Processing



Concept vs. Text indexing

- **Text indexing**
 - Examples: Google, Yahoo
 - Indexing by words of document
 - “Hepatolenticular degeneration” ≠ “Wilson’s Disease”
- **Concept indexing – used in NLP systems like KM**
 - Indexing by “concepts”
 - “Hepatolenticular degeneration” = “Wilson’s disease”
 - Recognizes words in document to a controlled vocabulary, such as the Unified Medical Language System (UMLS)
 - “CHF” → C00018802
 - “Congestive Heart Failure” → C00018802

Vanderbilt KnowledgeMap [dennyjc] - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address <https://knowledgemap1.mc.vanderbilt.edu/scripts/KM/km.pl> Go

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KM Portfolio Medicine Masters of Public Health GERIATRICS NEPHROLOGY

Home | Browse | Calendar | Content Coverage | Course Management | Admin Tools | Preferences | What's New?

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Superuser

Return to Results for "Congenital hepatic fibrosis"

Search Results

Searching for "CHF"

Term or Phrase:

chf
(ex: heart failure and digoxin)
search help

Search

Search Definition

Expand 5 lectures

View search history

Document-specific Tools:

- Get Original Document
- Get Original as PDF
- Similar PubMed Articles
- Find Similar Documents

Definitions for "chf"

KnowledgeMap Definitions:

Congenital hepatic fibrosis [Approx. 6 documents in KM]: no definition

Congestive heart failure [Approx. 281 documents in KM]: Weakness of the heart muscle that leads to a buildup of fluid in body tissues.

Hemorrhagic Fever, Crimean [no documents]: A severe, often fatal disease in humans caused by the Crimean-Congo hemorrhagic fever virus (HEMORRHAGIC FEVER VIRUS, CRIMEAN-CONGO).

8

Internet



Search Results for "chf [definition]" (114 documents):

Search

Results

Search results for
"congestive heart
failure"

Term or Phrase:

chf

(ex: heart failure and digoxin)
search help

Search

Search 2008/2009 Docs

Expand 5 lectures

View search history

View saved searches

of Medicine (1 document)

(12 documents)

VMS II

Disease, Diagnosis & Therapeutics (57 documents)

Digoxin [first hit]

Katherine T Murray

22 hits

ACE Inhibitors and AR Antagonists [first hit]

James V Gainer, III

12 hits

Congenital Heart Disease [first hit]

James B Atkinson

3 hits

Digoxin [first hit]

Katherine T Murray

8 hits

53 more...

Patient, Profession & Society II (1 document)

VMS III

Pediatrics (2 documents)

Medicine (18 documents)

Psychiatry (1 document)

Intersessions (5 documents)

VMS IV

VMS 3/4: Core Topic Objectives (3 documents)

Return to Results for "Congestive heart failure"

Search Results Session

Term or Phrase:

chf

(ex: heart failure and digoxin) search help

Search

Search Definition

Expand 5 lectures

View search history

Document-specific Tools:

- Get Original Document
- Get Original as PDF
- Similar PubMed Articles
- Find Similar Documents

CONGESTIVE HEART FAILURE

Heart failure exists when the heart does not pump enough blood to meet the body's needs. This state causes congestion of the tissues, leading to swelling.

It produces the clinical syndrome of dyspnea, peripheral edema, and pulmonary edema. CHF is the pathologic state in which an abnormality of myocardial function is responsible for the failure of the heart to pump at a rate commensurate with the requirements of metabolizing tissues. CHF is encountered frequently by the clinician; it accounts for 2% of all hospital admissions and carries a 5-year survival rate of <50%.

I. CAUSES OF CONGESTIVE HEART FAILURE

A. Myocardial Disease (pump defect)

- Coronary heart disease-- myocardium is impaired by ischemia
- Cardiomyopathy-- intrinsic myocardial defect
- Infiltrative diseases:
 - amyloidosis
 - sarcoidosis
 - myocarditis

B. Excessive Workload due to:

- Increased resistance to ejection which can be due to pressure overload, hypertension, aortic or pulmonary stenosis, or hypertrophic cardiomyopathy.
- Increased stroke volume; volume overload which can be due to aortic, mitral or tricuspid insufficiency or congenital left-to-right shunts.
- Increased body demands (high output failure); can occur with thyrotoxicosis, anemia, pregnancy, or arteriovenous fistulas (abnormal shunt between an artery and vein which increases venous return and decreases oxygen to shunted area)

A document matching "Congestive heart failure"; the system finds both "congestive heart failure" and "CHF"

Return to Results for "Congenital hepatic fibrosis"

Search Results Session

Term or Phrase:

chf

(ex: heart failure and digoxin) search help

Search

Search Definition

Expand 5 lectures

View search history

Document-specific Tools:

- Get Original Document
- Get Original as PDF
- Similar PubMed Articles
- Find Similar Documents

Infantile Polycystic Kidney Disease (Autosomal Recessive Polycystic Kidney Disease, ARPKD)

I. General and clinical features:

A. Incidence and relationship to **congenital hepatic fibrosis**: Infantile polycystic kidney disease is closely associated with **congenital hepatic fibrosis** (CHF). CHF is an important cause of portal hypertension in children and adolescents. In general, in patients who present as neonates and infants, the clinical picture is dominated by renal failure. Patients who present later tend to have liver problems as the major clinical feature. Although at one time thought to represent distinct disorders, different affected members in the same family may present at different ages with either predominant renal or liver abnormalities, attesting to the underlying genetic relationship of these diseases.

Infantile polycystic kidney disease is inherited in an autosomal recessive manner (i.e., parents are not affected), with the reported incidence varying from 1:6000 to 1:40,000.

B. Clinical presentation: Can present at any age or shortly after birth.

Can be suspected during prenatal ultrasound secondary to associated oligohydramnios.

Presentation shortly after birth can be due to polyuria and dehydration (especially during intercurrent illness). Presentation later in infancy can be due to

The kidneys may be sufficiently enlarged to result in a palpable mass. Deteriorating renal function is inevitable, and patients may present later with renal failure/uremia/hypertension.

As implied above, patients presenting in later childhood and early adulthood usually present with signs of liver involvement, particularly portal hypertension, which may result in hepatosplenomegaly and bleeding esophageal varices.

II. Pathogenesis:

Recent data has mapped a gene for ARPKD to the short arm of chromosome 6. The specific gene has not been identified/

A document matching "congenital hepatic fibrosis"; these instances of "CHF" are interpreted as "congenital hepatic fibrosis instead of "congestive heart failure"

- What about a broad concepts like Geriatrics or Women's Health?
- What concepts represent Geriatrics and where are they covered in the curriculum?

Broad search for "geriatrics"

Term Expansion

Search Results Session

Term or Phrase:

(ex: heart failure and digoxin)
[search help](#)

Search

Expand lectures

[View search history](#)

Content Coverage Results (986 documents):

1. Deselect Any Incorrect Terms:

- Geriatrics [Biomedical Occupation or Discipline]*
 Expansion Narrow
 Wide
- Elderly [Temporal Concept]*
 Expansion Narrow
 Wide

No associated concepts 180 expanded concepts

Include Non-exact Related Concepts

2 associated concepts 89 expanded concepts

Include Non-exact Related Concepts

2. Type Any Additional Terms (one per line):

3. Expand Top Lectures from Documents

4. Submit:

Options: Show MeSH Concepts Only Show semantic types for all concepts

Search Results Session

Term or Phrase:

Search input field

(ex: heart failure and digoxin) search help

Search

Search All Documents

Expand 5 lectures

View search history

Geriatrics

180 Expanded Concepts:

Select All

Select None

Terms related to "geriatrics"

- Mestranol 0.15 MG
- Autobiographical memory
- Senility
- Care given by nurses
- [D]Senility, without mention of psychosis
- Reminiscence
- [D]Senility, without psychosis NOS
- Geriatric Nursing
- Death of relative
- alcohol use disorder in the elderly
- ORTHO-CEPT TAB,28
- Therapeutic procedure
- Geriatric Assessment
- CARBAMIDE PEROXIDE 10%/GLYCERIN DROPS,ORAL
- Alzheimer's Disease
- Aging and Nutrition
- CONSULTATION NOTE:FINDING:POINT IN TIME:{SETTING}:DOCUMENT:GERONTOLOGY
- DESOGESTREL 0.1-0.15 MG
- Demulen 1/35-28
- Animal-assisted therapy¹⁴

Search Results Session

Term or Phrase: [input field] (ex: heart failure and digoxin) search help [Search button]

Search 2006/2007 Docs [dropdown]

Expand 5 [dropdown] lectures

View search history

Content Coverage Results (986 documents):

▶ Preventive Medicine	(32 documents)		
▼ Medical Neuroscience	(36 documents)		
▶ Lecture: Aging and Alzheimer's Disease I [first hit]		Jeanette J Norden	284 hits
▶ 35 more...			
▶ Genetics	(33 documents)		
▶ Physical Diagnosis	(6 documents)		
▶ Radiology	(12 documents)		
▶ Pharmacology	(71 documents)		
▼ Psychiatry	(18 documents)		
▶ Dementia / Delirium [first hit]		Bill Regan	400 hits
▶ 17 more...			
▼ VMS III			
▶ Pediatrics	(32 documents)		
▶ Obstetrics and Gynecology	(18 documents)		
▶ Medicine	(28 documents)		
▶ Psychiatry	(25 documents)		
▶ Surgery	(2 documents)		
▶ Intersessions	(31 documents)		
▼ VMS IV			
▼ Geriatrics	(163 documents)		
▶ Chapter 44 - Infectious Diseases [first hit]		Joshua Charles Denny	371 hits
▶ Chapter 50 - Kidney Diseases and Disorders [first hit]		Joshua Charles Denny	323 hits

Location of 273 terms related to geriatrics submitted at once.

Vanderbilt KnowledgeMap [dennyjc] - Mozilla Firefox

File Edit View History Bookmarks Tools Help

https://knowledgemap1.mc.vanderbilt.edu/scripts/KM/km.pl

KM Portfolio - Vanderbilt School of Me... Vanderbilt KnowledgeMap [denn...]

help * contact us * logoff

Vanderbilt School of Medicine KnowledgeMap

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KM Portfolio Department of Medicine

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Josh Denny Superuser

Return to Content Coverage Results

VMS II - 20
 Author: *Jeanette J Norden*
 Submitted *September 6, 2006*

Get Original Document
 Similar PubMed Articles
 Jump to first hit ▶

Lecture: Aging and Alzheimer's Disease I

NORMAL **AGING** ▶ OF THE BRAIN/**ALZHEIMER'S DISEASE** ▶

Insight into **aging** ▶ of the brain and **Alzheimer's disease** ▶ is the result of a massive research effort; work on **Alzheimer's disease** ▶, in particular, represents a rapidly evolving area of research; new and often conflicting data are generated daily; the purpose of this set of lectures is to provide you with the requisite background information necessary to allow you to continue to assimilate new findings as they are generated, and to provide you with a synopsis of both an historical and current (albeit changing) understanding of **Alzheimer** ▶ 's disease

* Recommended reading:

" DeBaggio, Thomas. *Losing My Mind*. The Free Press, 2002

" Bayley, John. *Elegy for Iris*. Picador Press, 1999

" Jozefowicz and Holloway. Case 26 "The Gopher Hunter"

I. Maturational events which occur normally in the nervous system

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Done

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Search Results Session

Term or Phrase:

(ex: heart failure and digoxin)
[search](#) [help](#)

Search

Search 2006/2007 Docs

Expand 5 lectures

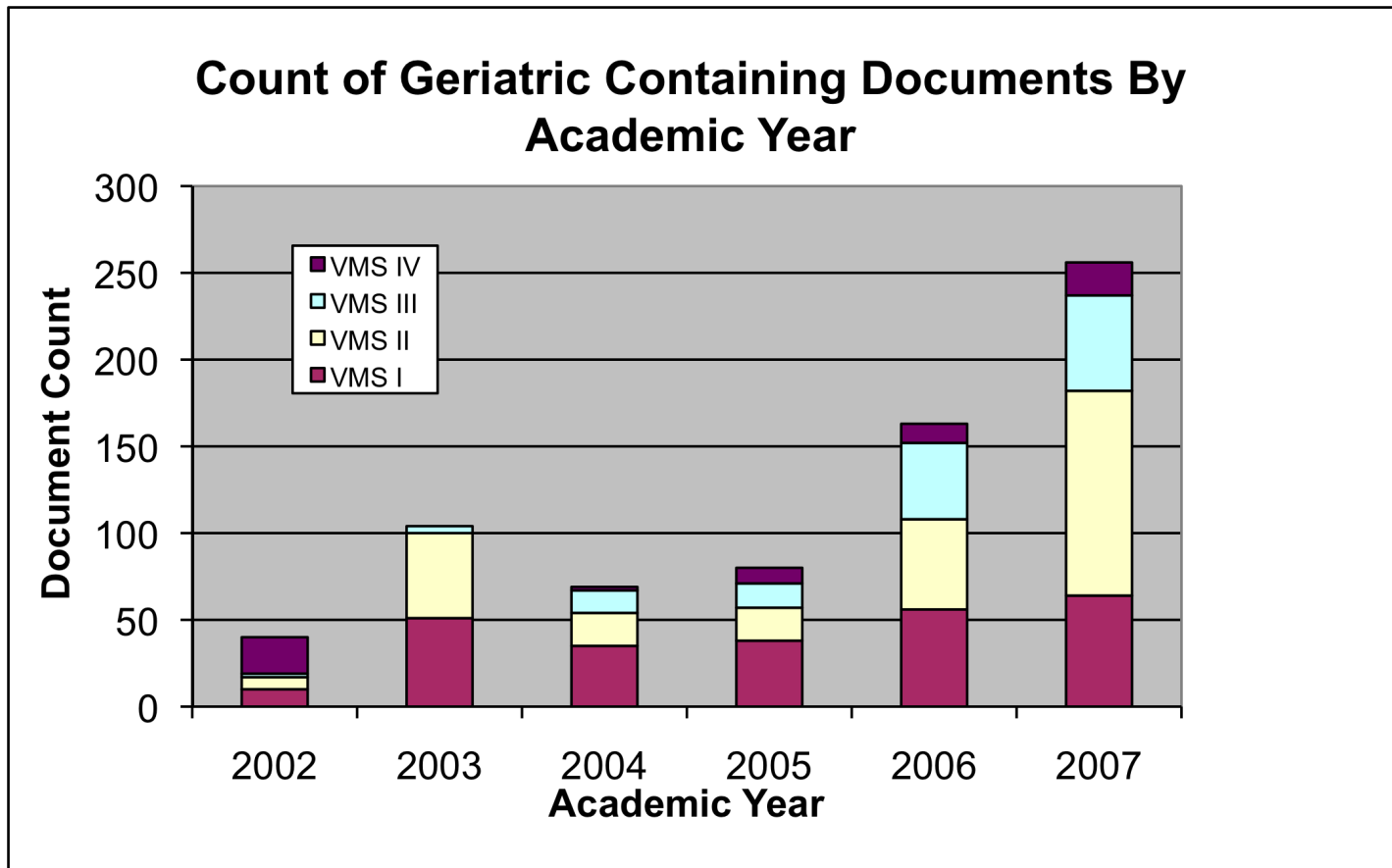
[View search history](#)

Document-specific Tools:

- [Get Original Document](#)
 - [Get Original as PDF](#)
 - [Similar PubMed Articles](#)
 - [Find Similar Documents](#)
- NEW!**

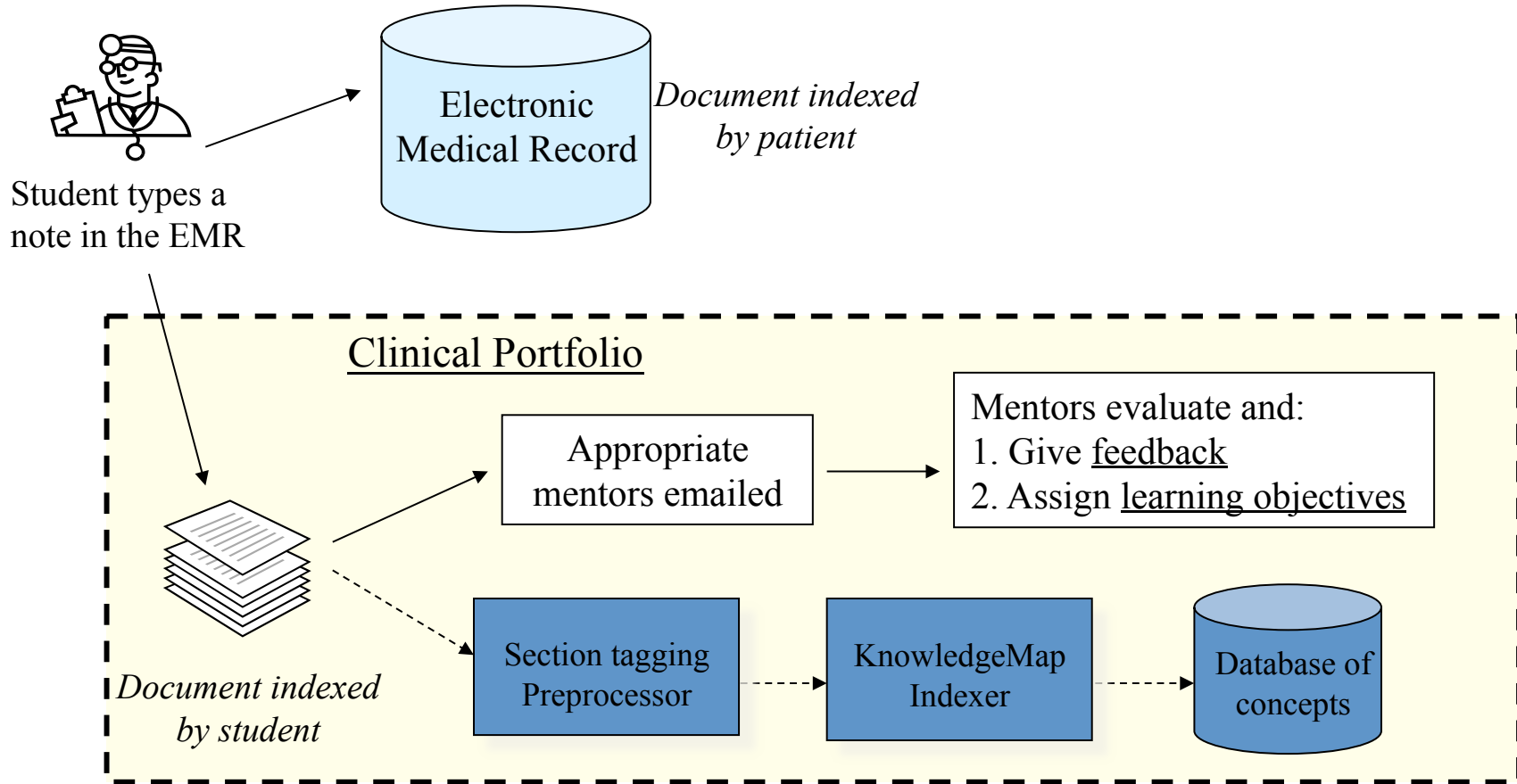
Increasing Geriatric Content in Curriculum

- New initiatives: “intersessions” in third year, chronic care course, focused introductions of lectures in core classes, general VUSM focus for Geriatric education



KM Portfolio: Harnessing the Electronic Medical Record (EMR) for Education

One tack – leverage EMR to capture experience



Extracting “knowledge” from clinical notes

H&P entered by user

CC: SOB
HPI: This is a 65yo w/ h/o
CHF, ... no chest pain
...

Clinical Note
Section Tagger

```
<chief_complaint>  
SOB  
</chief_complaint>  
<history_present_illness>  
This is a 65yo w/ h/o CHF.... Denies  
chest pain.  
</history_present_illness>
```

KnowledgeMap
Concept Identifier

Structured Output

Text labeled with Unified Medical
Language System concepts, organized
by section

```
<chief_complaint>  
C0392680: Shortness of Breath  
</chief_complaint>  
<history_present_illness>  
C0018802: Congestive Heart Failure  
C0008031: Chest Pain, Negated  
</history_present_illness>
```

https://knowledgemap3.mc.vanderbilt.edu - KM Portfolio - Vanderbilt School of Medicine - Microsoft Internet Explorer

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KM Portfolio
Vanderbilt School of Medicine

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 My Students' Notes
 KnowledgeMap
Search

A listing of students a faculty member mentors

My Students

View Reflection count for all third-year students.

You have **20** students.

[Add New Student](#)

Student	Mentor Type	Date Range	Patients	Procedures	Notes	Reflections
[Redacted]	Master Clinical Teacher	6/1/2005 - 5/15/2007	56	0	105	0
[Redacted]	Master Clinical Teacher	All Dates	354	28	790	6
[Redacted]	Master Clinical Teacher	6/1/2004 - 5/15/2006	108	0	117	0
[Redacted]	Master Clinical Teacher	6/1/2004 - 5/15/2006	23	0	58	0
[Redacted]	Master Clinical Teacher	6/1/2006 - 5/15/2008	56	27	110	2
[Redacted]	Master Clinical Teacher	6/1/2006 - 5/15/2008	96	2	168	2
[Redacted]	Master Clinical Teacher	6/1/2006 - 5/15/2008	2	0	7	1
[Redacted]	Master Clinical Teacher	6/1/2005 - 5/15/2007	61	1	236	0
[Redacted]	Master Clinical Teacher	All Dates	3	1	1	28
[Redacted]	Master Clinical Teacher	6/1/2004 - 5/15/2006	17	0	45	0
[Redacted]	Clerkship Director	5/4/2006 - 5/15/2006	245	0	657	N/A
[Redacted]	Clerkship Director	8/25/2006 - 11/20/2006	126	44	207	N/A
[Redacted]	Clerkship Director	7/7/2006 - 12/16/2006	126	43	266	N/A
[Redacted]	Inpatient Attending	7/15/2007 - 8/1/2007	20	0	55	N/A
[Redacted]	Resident/Fellow	8/26/2005 - 10/21/2005	45	0	76	N/A
[Redacted]	Resident/Fellow	3/1/2006 - 5/24/2006	70	2	108	N/A

Internet

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File Edit View Favorites Tools Help

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A mentor and mentee must sign up for each other over an official period of time to cement the authorized teacher-learner relationship to allow teachers access to learner's notes.

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My P

My Notes

My Students

My Mentors

My Program

Procedure Logs

KM Notes

Learning Objectives

Concept Reports

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Preferences

Search for:

Search in:

My Patients

My Students

My Notes

My Students' Notes

KnowledgeMap

Search

Type of Mentor:

No Patients

Master Clinical Teacher
Master Clinical Teachers are designated by the Dean's office and oversee a group of students throughout their stay here. They have full access to the students records.

Clerkship Director
Directs a clerkship (e.g., Pediatrics). Has full access to all documents produced during a given date range.

Small group attending
Small group attendings should have access to all patient information for a given period of time - typically the length of the rotation.

Inpatient Attending
Inpatient attendings should have access to all information for a given period of time.

Outpatient Attending
Serves as a clinic attending. Has full access to notes during the time period he/she attends.

Resident/Fellow
Residents and fellows have access to student's patient information only during their rotation with them.

Physical Diagnosis tutor
Physical Diagnosis tutor will have access to your notes only during the course.

Notification: Send mentor an email whenever student writes a new H&P (or other note as per preferences)

Please select a date range:

Start Date:	End date:	
Sep 23 2007	Oct 7 2007	1 week 8 weeks
		2 weeks 10 weeks
		3 weeks
		4 weeks

Submit

Other mentors: *No other mentors found*

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Done

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Internet

- My Patients
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- Search for:
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 - My Students' Notes

A listing of the student's notes

You have **653** notes.

Date of Service	Patient	Note Type	Submit Date
2007-		Medical Student Brief Operative Note	2007-0
2007-		Patient Letter	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Outpatient History and Physical	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Resident Acute Clinic Visit	2007-0
2007-		Speech and Language Treatment Plan Report	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Resident Acute Clinic Visit	2007-0
2007-		History and physical	2007-0
2007-		Patient Letter	2007-0
2007-		Patient Letter	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Internal Medicine Clinic Resident Acute Clinic Visit	2007-0
2007-		Procedure Note (Laceration Repair)	2007-0
2007-		Patient Letter	2007-0
2007-		Outpatient History and Physical	2007-0
2007-		Internal Medicine Clinic Resident Acute Clinic Visit	2007-0
2007-		Internal Medicine Clinic Visit	2007-0
2007-		Outpatient History and Physical	2007-0
2007-		Internal Medicine Clinic Visit	2007-0

Mentor feedback on a student note

Note Comments: Medical Student Admission History and Physical

Learning Objectives covered:	Cough
General Comments:	[Anonymous, attending] Excellent writeup - a few minor points to consider - see comments in text.

Document comments: *Hover over comments in yellow*

Vanderbilt University Medical Center
MEDICAL STUDENT
Admission History and Physical
MR# [redacted]
Case# [redacted]

Date of services: [redacted]
Primary Care Physician: [redacted]

Chief Complaint: fever, cough, chest pain

History of present illness:

Mr. [redacted] is a [redacted] year old male with PMH significant for HIV (VL 87,000 & CD4

329 in [redacted], last CD4 286 per pt), on TB (received 6 mo treatment w/ 4 med), chronic back pain who presents with sputum, and chest pain 2/2 cough. T health until approximately 1.5 wks ago became more incessant, and he started occurred simultaneously with his cough

Anonymous
Smart to provide us the pertinent PMH in the topic sentence as the topic sentence is key to get your reader right into the relevant material. The parenthesis are good to give us a read on how severe the HIV and complicating infections have been in the past. However, it is a bit too much detail. You can list these items in the PMH and for the topic sentence just say something like "with HIV (last CD4 329, recurrent pneumonias, treated TB, without all the detail)

coughing up yellow-green tinged mucous. He developed fever as high as 102 a few days ago at home and began experiencing a sore throat, headache, arthralgias, and myalgias. He has taken tylenol at home, but it has not alleviated his symptoms. He says he had mild diarrhea for a few days prior to developing fever, but he denies having abdominal pain, n/v, or blood in his stool. He says he has had chronic dysuria for 3-4 yrs., but he denies burning with urination or frequency. He has not been taking good po for the past few days, and feels he has lost weight over the past few months. He denies sick contacts (besides his partner who has known MAC infection), recent travel, or exposure to animals. He started a new ART regimen approximately 3 months ago including tenofovir, ritonavir and atazanavir, and didanosine.

- Search in:
- My Patients
 - My Students
 - My Notes
 - KnowledgeMap
- Search

RCT evaluation of mentor feedback on student notes

Survey of Residents and Attending physicians

Compared with prior rotations:	Electronic	Paper	p
"I reviewed more notes"	40%	12%	0.014
"I provided more feedback"	40%	12%	0.010
"I was more satisfied with feedback given"	33%	10%	0.045

Analysis of student write-ups

- Evaluated 142 write-ups using 13-point rating scale
- Performance on "Assessment and Plan" ratings improved in electronic feedback group (p=0.036)

J Gen Int Med. 2008;23(7):979-84

Showing a student's notes matching core objective "Rash"

- My Patients
- My Notes
- My Mentors
- My Reflections
- Procedure Logs
- KM Notes
- Learning Objectives
- KnowledgeMap
- Preferences

Search Results

You searched for: **Rash.**

29 Note matches.

My Note matches: Go to student note matches

He discussed these concepts

Date	Note Type	Concepts(#)	Locations
2008	Medical Student Admission History and Physical	Exanthema(9), Steroids(2), Erythema(1), Scaling(1), Macule(1), Pruritus(1), Viral diseases with exanthemata NOS(1), Dermatitis(1)	assessment_and_plan,physical_examination,history_present_illness
2008	Medical Student Admission History and Physical	Exanthema(6), Lichen Planus(2), Dermatitis(2), Macular(1), Erythema(1)	chief_complaint,assessment_and_plan,family_medical_history,physical
2008	Progress Note Daily Progress Note	Exanthema(5), Steroids(2), Erythema(1), Scaling(1), Macule(1), Viral diseases with exanthemata NOS(1)	assessment_and_plan,physical_examination
2008	Progress Note Daily Progress Note	Exanthema(3), Steroids(2), Erythema(1), Scaling(1), Viral diseases with exanthemata NOS(1)	assessment_and_plan,physical_examination
		Exanthema(3), Steroids(2),	

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Search Results

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 29 Note matches.
 My Note matches: [Go to student note matches](#)

Date of Services	Patient	Note Type	Concepts(#)	Locations
2008 [REDACTED]	[REDACTED]	Medical Student Admission History and Physical	Exanthema(9), Steroids(2), Erythema(1), Scaling(1), Macule(1), Pruritus(1), Viral diseases with exanthemata NOS(1), Dermatitis(1)	assessment_and_plan,physical_examination,history_present_illness
		Medical Student	Exanthema(6), Lichen Planus(2),	

Medical Student Admission History and Physical

Concept hits: [<Prev](#) | [Next>](#)

[Print Note](#) [Link to Procedure](#) | [Link to Experience](#)

Admission History and Physical

Date of services: 2008/[REDACTED]
 Primary Care Physician: Amy Ferry (Bellevue)

Chief Complaint: Asthma attack

History of present illness:

[REDACTED] is a 14 month old boy with h/o reactive airway disease who presents with 4 days of **rash**, 3 days of fever, and new onset wheezing and cold symptoms. Friday ([REDACTED]) evening, mom noticed some spots on ' face and belly, and by Saturday morning he had a diffuse macular rash that covered him "from head to toe." The **rash** has been mildly **pruritic**, has not peeled, and has not involved the palms and soles or the diaper area. He was seen by his PCP and prescribed Acyclovir for the rash and oral lesions. Later on Saturday,

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You searched for: [redacted]

38 Note matches.

My Note matches:

[redacted]	Outpatient History and Physical	assessment_and_plan
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Student Note matches:

[redacted]	Medical Student Admission History and Physical	past_medical_history,assessment_and_plan,summary,history_present_illness
[redacted]	Medical Student Admission History and Physical	past_medical_history,assessment_and_plan,history_present_illness
[redacted]	Medical Student Admission History and Physical	review_of_systems,past_medical_history,history_present_illness
[redacted]	Medical Student Arsite Clinic Visit	assessment_and_plan,primary_care_physician

Psychiatric: 28/30 MMSE (lost one point for day and one point for recall even with prompting). Flac affect. Slowed speech.

Concept hits: <Prev | Next> Close Window

Assessment and Plan: 69 year old male presents for 2 month follow up visit with depression.

1. Depression/**Dementia**: **Dementia** has been ruled out by neuropsych. This is likely severe depression with thoughts, but denied having occasional suicidal thoughts, but denied having been connected with psychiatric help both in the pain c [redacted]. We will make sure he has follow up with both psychiatrists.

[redacted] signed by [redacted]

Can track specific diagnoses for students and housestaff and see where it is mentioned in the note