

# Assessment of the Medical Patient

*Covers Lesson 3-4 and portions of Lesson 3-9 of the 1994 U.S. Department of Transportation's EMT-Basic National Standard Curriculum*

## DOT OBJECTIVES

*Page numbers in parentheses refer to pages in the textbook.*

### Knowledge and Attitude

1. Describe the unique needs for assessing an individual with a specific chief complaint with no known prior history. (p. 275)
2. Differentiate between the history and physical exam that is performed for responsive patients with no known prior history and responsive patients with a known prior history. (pp. 274, 275)
3. Describe the needs for assessing an individual who is unresponsive. (pp. 274, 277–279)
4. Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment. (p. 274)
5. Attend to the feelings that these patients might be experiencing. (pp. 269, 271, 275)

### Skills

1. Demonstrate the patient assessment skills that should be used to assist a patient who is responsive with no known history.
2. Demonstrate the patient assessment skills that should be used to assist a patient who is unresponsive or has an altered mental status.



**Total Teaching Time:** 4 hours

The total teaching time being recommended is only a guideline. Instructors should take into consideration such factors as: the pace at which students learn, the size of the class, and breaks. The actual time devoted to teaching objectives is the responsibility of the instructor.



### Resources Needed

- Scored Chapter 10 quizzes
- 3 nonstudents to act in practice scenarios
- 2 EMTs to serve as teaching assistants
- 2 complete medical jump kits including BSI equipment, stethoscopes, BP cuffs, and penlights

## REVIEW

In the last lesson, “Assessment of the Trauma Patient,” students learned that after performing a scene size-up and initial assessment of a patient, the next step in the assessment process is the focused history and physical exam. For trauma patients—especially those whose injuries are serious—time must not be wasted at the scene. To limit time spent on the scene, students learned they must strike a balance between assessing such patients adequately and giving them proper emergency care. They can do this by performing a focused history and physical exam for such patients. This process focuses on what is important for the patient rather than losing time in performing a comprehensive assessment.

Distribute the scored quizzes from the last class. Review each of the questions on the quiz and clarify or address any concerns students may have about the answers.

## INTRODUCTION TO CHAPTER 11

Chapter 11, “Assessment of the Medical Patient,” covers the fourth lesson and part of the ninth lesson in Module 3 of the DOT curriculum. The responsive medical patient is the most common kind of patient students will encounter as EMT-Bs. With such patients, gathering information about the illness and the patient’s history takes precedence over performing a physical exam. For the medical patient, like the trauma patient, the purpose of the focused history and physical exam is to provide adequate assessment and emergency care at the scene without unnecessarily delaying transportation to the hospital.

Distribute copies of the Chapter 11 Objectives Checklist to students and ask them to look it over while you briefly paraphrase the objectives in your own words.



### Evaluation Handout 11-1

Chapter 11 Objectives Checklist



### Teaching Tip

You might wish to start the class by demonstrating a complete medical assessment to give students an idea of how the sequence of steps is carried out in real time.



### PowerPoint Presentation

Chapter 11, Slides 2–13



### Point to Emphasize

The same person should gather both the SAMPLE and OPQRST histories.

## LECTURE

The following suggested lecture outline is based on the 1994 Department of Transportation’s EMT-Basic National Standard Curriculum. In some places, topics in that outline have been rearranged or expanded upon to enhance student understanding. The page numbers in parentheses in the outline refer to pages in the textbook. The parenthetical references in dark, heavy type are to figures, tables, and scans in the textbook.

### ▶ ASSESSMENT OF THE MEDICAL PATIENT

#### I. Assessment of Responsive Medical Patients (Table 11-1, p. 274) (Scan 11-1, pp. 272–275)

- A. Assess history of the present illness including complaints and signs or symptoms. (pp. 271, 274)
  1. O-P-Q-R-S-T
    - a. Onset
    - b. Provokes
    - c. Quality
    - d. Radiation
    - e. Severity (Consider having patient rate pain on a scale of 1 to 10.)
    - f. Time

- B. Assess SAMPLE History. (p. 275)
  - C. Perform a focused physical exam. (p. 276)
    1. Assess the head if necessary.
    2. Assess the neck if necessary.
    3. Assess the chest if necessary.
    4. Assess the abdomen if necessary.
    5. Assess the pelvis if necessary.
    6. Assess the extremities if necessary.
    7. Assess the posterior body if necessary.
    8. Look for medical identification devices.
  - D. Assess baseline vital signs. (p. 276)
    1. Use pulse oximeter per local protocol.
  - E. Provide emergency medical care based on signs and symptoms in consultation with medical direction and transport the patient. (p. 276)
- II. Assessment of Unresponsive Medical Patients (Table 11-1, p. 274) (Scan 11-2, pp. 276–277)**
- A. Perform rapid physical exam. (pp. 277–278)
    1. Assess the head.
    2. Assess the neck.
    3. Assess the chest.
    4. Assess the abdomen.
    5. Assess the pelvis.
    6. Assess the extremities.
    7. Assess the posterior aspect of the body.
  - B. Assess baseline vital signs. (p. 278)
    1. Use pulse oximeter per local protocol.
  - C. Position patient to protect airway.
  - D. Consider requesting advanced life support assistance. (pp. 278–279)
  - E. Obtain a history of present illness and a SAMPLE history from bystander, family, or friends prior to leaving. (p. 279)
  - F. Perform interventions and transport. (p. 279)

## REVIEW QUESTIONS

Check on how well students can apply what they have learned by discussing the Review questions on page 284.

- Q1:** Explain how and why the focused history and physical exam for a medical patient differs from the focused history and physical exam for a trauma patient.
- A1:** *In medical patients, unlike trauma patients, there are not many external sources of information about what is wrong with the patient. For medical emergencies, the most important source of information about the problem is usually what the patient can tell you. So, when the patient is awake and responsive, obtaining the patient's history comes first.*
- Q2:** Explain how and why the focused history and physical exam for a responsive medical patient differs from the focused history and physical exam for an unresponsive medical patient.
- A2:** *For the responsive medical patient, the first step of your focused history and physical exam would be talking with the patient to obtain the history of his or her present illness and the SAMPLE history, followed by performing the physical exam and gathering the vital signs. In the unresponsive medical patient, the process is turned around. Because you cannot obtain a history from the patient, you will begin*



### Slides/Videos

*Pulse—Emergency Medical Update*, “Assessment of Abdomen,” (Pulse Plus), July 2001 (#461–0262).



### PowerPoint Presentation

Chapter 11, Slides 14–19



### Point to Emphasize

Students should be reminded of the importance to check for a medical ID device as a necklace, wrist bracelet, or ankle bracelet.



### Teaching Tip

Point out that when EMT-Bs work as a team the baseline vital signs can often be gathered simultaneously with the patient history.



### Teaching Tip

Give students a “mock” patient to assess who has both trauma and an underlying medical problem. Have the students do an assessment and discuss how the questions and technique differ for medical versus trauma presenting problems.



### Point of Interest

Some patients may have pain in a different location than the underlying medical problem. This is called referred pain.



### Reading Reference

Murphy, P., et al. "Assessment Clues," *Emergency Medical Services*, July 2001, Vol. 30, No. 2.



### Workbook

Chapter 11 Activities



### Active Learning Manual

Chapter 11



### Companion Website

Send students to <http://www.prenhall.com/limmer>.



### Student CD

Chapter 11



### Online Test Preparation

Send your students to <http://www.prenhall.com/EMTachieve>.



### Critical Thinking

Review and discuss students' response to questions on p. 284 of the student text.

*with a rapid physical assessment and collection of baseline vital signs. After these procedures, you will gather as much of the patient's history as you can from any bystanders or family members who may be present.*

## Application

- Q:** As an EMT-B, how would you deal with the following situations?
- What questions would you ask to get a history of the present illness from a patient with a chief complaint of chest pain?
  - You are trying to get information from the very upset son of an unresponsive man. He is the only available family member. He is so upset that he is having difficulty talking to you. How can you quickly get him to calm down and give you his father's medical history?
  - You are interviewing a very pleasant older woman. Unfortunately, your assessment is taking a long time because she doesn't answer your questions and instead starts talking about other things. She lives alone and appears to be lonely. How should you handle this?
- A:**
- Onset**—*What were you doing when the pain started?*  
**Provokes**—*Can you think of anything that might have triggered this pain?*  
**Quality**—*Can you describe the pain for me?*  
**Radiation**—*Where exactly is the pain? Does it seem to spread anywhere or does it stay right here?*  
**Severity**—*How bad is the pain?*  
**Time**—*When did the pain start? Has it changed at all since it started?*
  - Put your hand on his shoulder and say:** "I know you are concerned about your father. You can help him by trying to calm down and answer a few questions for me about his medical history. Take a few deep breaths. Good. You look calmer. Are you ready to answer my questions?"
  - Continue to talk to her for a few minutes about unrelated matters, then say,** "Ma'am, I'm really enjoying our conversation. However, I need to get back into service as soon as possible so that I can take care of other patients. So, I need you to answer a few questions for me related to the problem you're having today. Okay?"

## STREET SCENES

Ask a student to volunteer to read aloud to the class the case study on pages 285 of the textbook. Discuss answers to questions at appropriate points within the scenario.

- Q1:** What priority is this patient?
- A1:** *As always, the first priority is protection of airway and breathing. In the scenario, the airway appears clear, but the breathing is rapid and mildly labored. Some students might mention the administration of high-concentration oxygen by a nonrebreather mask. (Note to Instructor: Stress that this equipment should be close at hand and ready for immediate use.)*
- Q2:** What are the next steps in the management of this patient?
- A2:** *The EMT-Bs should take a baseline set of vitals, as indicated in the opening part of the scenario. After eliminating any immediate life threats, the EMT-Bs should begin to gather a history of the present illness (OPQRST), focusing on questions that pertain to the condition cited by the patient. If they have not yet administered oxygen (see*

question 1), they should begin to do so now. The EMT-Bs should also monitor the patient to see if the oxygen helps. (*Note to Instructor: Depending upon local protocols, some students may suggest the use of a pulse oximeter to monitor the patient.*)

- Q3:** What part of the focused history and physical exam should follow next?
- A3:** *The EMT-Bs should complete any of the OPQRST questions and then ask specific questions for the SAMPLE history. Of particular importance is the use of an inhaler or other medications commonly prescribed to asthma patients. Students might also mention aspects of the focus physical exam that relate to the patient's condition, repeat of vital signs, and so on.*
- Q4:** What signs and symptoms would you look for to determine if the patient was getting better or worse?
- A4:** *Some signs and symptoms of a worsening condition might include: an increase in the level of consciousness, more labored breathing, use of accessory muscles, tripodding, increased difficulty talking (e.g., one-word answers), a respiratory rate that is either too fast or too slow, increased patient anxiety, etc. Some signs and symptoms of an improving condition might include: a "normal" respiration rate (e.g., little or no distress), the ability to talk in complete sentences, an alert mental state, absence of cyanosis, the high O<sub>2</sub> saturation reading on the pulse oximeter, etc.*

## PRACTICE SCENARIOS

Set up two practice stations, one for a responsive medical patient and the other for an unresponsive medical patient. Equip each station with a complete medical jump kit, including BSI equipment, stethoscopes, BP cuffs, and penlights. Arrange for two EMTs to act as teaching assistants, one at each station.

Arrange for three nonstudents to play parts in the scenarios. Explain their roles to each. One student is to play a responsive medical patient. Tell him or her the following:

*You are an adult patient with severe chest pain that radiates to your left arm. You have a history of unstable angina and take nitroglycerin. You have taken three nitro pills, each 15 minutes apart, without relief. When the EMTs arrive, you are alert and anxious, sweating profusely.*

The two other nonstudents are to play an unresponsive medical patient and a coworker of the patient. Explain their roles as follows:

*The patient is an adult with diabetes. It is mid-morning. The patient began acting confused and "drunk." The coworker called 9-1-1. When the EMTs arrive, the patient is semiconscious, responds to verbal stimuli, but cannot answer questions.*

Divide the class into teams of two. Indicate that practice scenarios involving responsive and unresponsive medical patients have been set up. Explain that each team is to go through both scenarios and act appropriately on what is found in them. Note that the emphasis of the scenarios is on the focused histories and physical exams. However, students should also utilize other information and skills they have learned to date. They should not worry about administering patient care. Explain that at both



### Reading/Reference

Textbook, pp. 269–285



### Active Learning Manual

Chapter 12



### Workbook

Chapter 12 Activities



### Evaluation Handout 11-2

Chapter 11 Quiz



### TestGen

Chapter 11 Test



### Online Test Preparation

Send your students to <http://www.prenhall.com/EMTAchieve>.



### Reinforcement Handouts

11-3 to 11-6

Reinforcement Activities



### Brady Skills Series

- Patient Assessment, Part 2 (Medical Patient)



### PowerPoint Presentation

Chapter 11, PowerPoint

stations there will be EMTs who will observe student performance and provide feedback.

Call student pairs at random and direct them to the location of the scenario. Periodically visit each scenario to monitor progress. Provide assistance to the EMTs if necessary. Make sure that each team visits both stations. Help students who are waiting to practice their focused history and physical skills.

When each pair has completed both stations, make sure they return to the main classroom.

## ASSIGNMENTS

Have students read Chapter 12, “Ongoing Assessment,” before the next class. Also ask them to complete Chapter 12 of the Workbook and Brady’s *Active Learning Manual*.

## EVALUATION

**Chapter Quiz** Distribute copies of the Chapter Quiz provided in Handout 11-2 to evaluate student understanding of this chapter. Remind students not to use their notes or textbooks while taking the quiz.

**TestGen** You may wish to create a custom-tailored test using *Prentice Hall TestGen for Emergency Care*, 10th Edition to evaluate student understanding of this chapter.

**Online Test Preparation** (for students and instructors) Additional test preparation is available through Brady’s new online product, EMT Achieve: Basic Test Preparation at <http://www.prenhall.com/EMTAchieve>. Instructors can also monitor student mastery online.

## REINFORCEMENT (See pp. xi–xiii for further information.)

**Handouts** If classroom discussion or performance on the quiz indicates that some students have not fully mastered the chapter content, you may wish to assign some or all of the Reinforcement Handouts for this chapter.

**Brady Skills Series EMT-B Video/CD** Have your students watch the skills come to life on either VHS or CD-ROM.

**PowerPoint Presentation** (for instructors) The PowerPoint material developed for this chapter offers useful reinforcement of chapter content.

**Student CD** (for students) A wide variety of material on this CD-ROM will reinforce and also expand student knowledge and skills.

**Companion Website** (for students) Additional review quizzes and links to EMS resources will contribute to further reinforcement of the chapter.

**EC 360** A new 60-hour distance learning program for didactic portions of the course is offered on one of three platforms: CourseCompass, Blackboard, or Web CT. Includes the IRM, PowerPoints, TestGen, and Companion Website for instruction. Ask your local sales representative for more information.

**Medical Emergency Response Simulator (MERS)** (for students) The following MERS scenario offers important skill reinforcement for this chapter.

Level of Complexity	Case Number
Beginner	Case #5 (There are many more cases, but this case is probably the most appropriate for a student's first medical assessment.)



**Student CD**  
Chapter 11



**Companion Website**  
<http://www.prenhall.com/limmer>



**EC 360**  
Chapter 11



**Medical Emergency Response Simulator**  
Chapter 11 Scenario



**Brady Pocket Reference for the EMT-B**

- Assessment Skills (Focused History and Physical Exam) Medical Patient

**OBJECTIVES CHECKLIST**

<b>Knowledge and Attitude</b>	<b>Date Mastered</b>
1. Describe the unique needs for assessing an individual with a specific chief complaint with no known prior history.	
2. Differentiate between the history and physical exam that is performed for responsive patients with no known prior history and responsive patients with a known prior history.	
3. Describe the needs for assessing an individual who is unresponsive.	
4. Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment.	
5. Attend to the feelings that these patients might be experiencing.	

<b>Skills</b>	<b>Date Mastered</b>
1. Demonstrate the patient assessment skills that should be used to assist a patient who is responsive with no known history.	
2. Demonstrate the patient assessment skills that should be used to assist a patient who is unresponsive or has an altered mental status.	



**CHAPTER 11 QUIZ**

Write the letter of the best answer in the space provided.

- \_\_\_\_\_ 1. A friendly conversational approach to a patient interview provides for all of the following except:
- A. reduction in a patient's apprehension.                      C. improved quality of history.  
B. promotion of cooperation.                                      D. alleviation of symptom-related pain.
- \_\_\_\_\_ 2. If the medical patient is unconscious, the most reliable way for the EMT-B to obtain an accurate history of the present illness is to:
- A. talk to family members.                                      C. interview witnesses and bystanders.  
B. call the family doctor.                                        D. search for a Medic Alert bracelet.
- \_\_\_\_\_ 3. Which is the best example of the way in which an EMT-B should ask a patient a question about his symptoms?
- A. How would you describe your pain?  
B. Is the pain dull and crushing?  
C. Do you have any pain under your breastbone?  
D. Would you say your pain is viselike?
- \_\_\_\_\_ 4. The question "Where exactly is the pain going?" best relates to which letter of the OPQRST mnemonic?
- A. P                      B. R                      C. O                      D. Q
- \_\_\_\_\_ 5. The patient's statement "I feel like I just can't get enough air when I breathe" best relates to what letter of the SAMPLE mnemonic?
- A. S                      B. L                      C. M                      D. P
- \_\_\_\_\_ 6. In which situation would the past medical history not lead to important prehospital treatment?
- A. a 16-year-old asthmatic with shortness of breath.  
B. a 30-year-old seizure patient with a history of epilepsy.  
C. a 55-year-old male with substernal chest pain and a history of angina.  
D. a 14-year-old boy stung by a bee, who is allergic to bee stings.
- \_\_\_\_\_ 7. On most runs by EMT-B crews, most of the history of the present illness for a child is usually gathered from the:
- A. family physician.    C. parents.  
B. child.    D. medical dispatcher.
- \_\_\_\_\_ 8. The physical examination of the responsive medical patient is a:
- A. detailed head-to-toe exam.  
B. specialized exam that is focused on the ABCs.  
C. rapid physical examination.  
D. focused exam centered on the area of complaint.
- \_\_\_\_\_ 9. Which of the following would you be least likely to obtain with an unresponsive medical patient?
- A. chief complaint.    C. condition of pupils.  
B. blood pressure.    D. pulse.
- \_\_\_\_\_ 10. For the unresponsive medical patient, the EMT-Bs would begin by:
- A. requesting ALS support.  
B. performing a rapid physical examination.  
C. obtaining a SAMPLE history from bystanders.  
D. immediately packaging the patient for transportation.

## IN THE FIELD

*Read the following real-life situation. Then answer the questions that follow.*

“We knew that the patient was sick when we entered the room. He went back and sat in his living room chair and he had that ‘sick look’ about him. He was awake and responsive, but he was breathing kind of hard. And his skin was pale and pasty looking. We didn’t wait for more information. We got the oxygen on him right away.

“We introduced ourselves and told him we were with the fire department. He told us how he had chest pain that started about one hour ago. He was working on his income taxes when it started up all of a sudden. He said that he lives alone and didn’t know who else to call. He described the pain as ‘kind of crushing, like the last time I had a heart attack.’ When he said that, I made sure that the Lieutenant called for a paramedic rig.

“He told us that the pain was pretty bad, an 8 on a scale of 0 to 10, where zero is no pain and 10 is the worst he’s had in his life. The oxygen seemed to make him feel better and he agreed that it did. It had been five minutes since we got there and about 20 minutes since the pain started. While we waited for the ambulance and the paramedics, I continued with my SAMPLE history while my partner started to get a baseline set of vital signs.”

1. Based on the patient’s presentation, what other questions could the EMT-B have asked about the present chief complaint?
2. What would the EMT-B proceed to do next if the ambulance was not yet on scene?
3. If this patient had been unconscious when they arrived, where might the firefighters have possibly found more information?

## CHAPTER 11 REVIEW

*Write the word or words that best complete each sentence in the space provided.*

1. To be able to accurately assess a medical patient, it is easiest if the patient is \_\_\_\_\_ .
2. Try to ask \_\_\_\_\_ - \_\_\_\_\_ questions when gathering a history of the present illness.
3. The “Q” in OPQRST stands for \_\_\_\_\_ .
4. When gathering a history directly from a child, it is often best if the EMT-B starts by getting on the \_\_\_\_\_ with the patient.
5. The EMT-B’s physical examination of the responsive medical patient is usually \_\_\_\_\_ .
6. The most common medical identification device is the \_\_\_\_\_ .
7. Information about a patient’s drug or alcohol use should be considered \_\_\_\_\_ by the EMT-B.
8. Often found on the refrigerator door, the \_\_\_\_\_ is commonly used to convey important medical information to EMS personnel at times when the patient cannot.
9. With any unresponsive medical patient, the EMT-B must also be alert for signs of possible \_\_\_\_\_ .
10. After assisting a patient with his or her prescribed medications, the EMT-B should still expect to \_\_\_\_\_ the patient.

## ASSESSING MEDICAL PATIENTS

*Below are steps to follow when you encounter responsive and unresponsive medical patients. Write the letters of the steps in the order you would perform them for each type of patient.*

- A. Scene size-up
- B. Rapid physical examination
- C. History of present illness
- D. Initial assessment
- E. Baseline vital signs
- F. SAMPLE history
- G. Focused physical examination

### Responsive Medical Patient

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Unresponsive Medical Patient

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## FOCUSING ON THE FOCUSED HISTORY

*Below are parts of one patient's SAMPLE history. Write the element of the OPQRST and SAMPLE mnemonics that each part of the history represents in the space provided. When you are done, read the history out loud, like a radio report, in the order suggested by the mnemonics. Does the report make sense presented this way?*

### OPQRST

- A. Onset
- B. Provokes
- C. Quality
- D. Radiation
- E. Severity
- F. Time

### SAMPLE

- G. Signs/symptoms
- H. Allergies
- I. Medications
- J. Pertinent past history
- K. Last oral intake
- L. Events leading up to the illness

- \_\_\_\_\_ 1. The pain is a 6 on a scale of 0–10.
- \_\_\_\_\_ 2. I was working on my car in the garage.
- \_\_\_\_\_ 3. I'm sick to my stomach, too.
- \_\_\_\_\_ 4. I'm not allergic to anything.
- \_\_\_\_\_ 5. I have high blood pressure.
- \_\_\_\_\_ 6. I ate lunch at noon.
- \_\_\_\_\_ 7. The pain started about an hour ago.
- \_\_\_\_\_ 8. I take one baby aspirin a day.
- \_\_\_\_\_ 9. The pain is sharp.
- \_\_\_\_\_ 10. I think I might have lifted something too heavy.
- \_\_\_\_\_ 11. I've felt fine today until this.
- \_\_\_\_\_ 12. The pain goes into my left armpit.

# Chapter 11 Answer Key

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## HANDOUT 11-2: Chapter 11 Quiz

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- |      |      |      |      |       |
|------|------|------|------|-------|
| 1. D | 3. A | 5. A | 7. C | 9. A  |
| 2. A | 4. B | 6. B | 8. D | 10. B |

## HANDOUT 11-3: In the Field

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1. Was the patient on any medications? Did he take nitroglycerin before EMS arrived? A better understanding of the patient's state when the pain started might have helped.
2. A focused physical examination would be in order using the DCAP-BTLS aid as well as remembering to check for jugular vein distention (JVD).
3. Possibly either a Vial of Life or a Medic Alert bracelet/wallet card. They also could have seen if there were any numbers listed near the phone that might help—a doctor's number or that of another family member.

## HANDOUT 11-4: Chapter 11 Review

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- |                  |                    |
|------------------|--------------------|
| 1. responsive    | 6. Medic Alert tag |
| 2. open-ended    | 7. confidential    |
| 3. quality       | 8. Vial of Life    |
| 4. same level    | 9. trauma          |
| 5. brief/focused | 10. transport      |

## HANDOUT 11-5: Assessing Medical Patients

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- | Responsive<br>Medical Patient | Unresponsive<br>Medical Patient |
|-------------------------------|---------------------------------|
| 1. A                          | 1. A                            |
| 2. D                          | 2. D                            |
| 3. C                          | 3. B                            |
| 4. F                          | 4. E                            |
| 5. G                          | 5. C                            |
| 6. E                          | 6. F                            |

## HANDOUT 11-6: Focusing on the Focused History

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- |      |      |       |
|------|------|-------|
| 1. E | 5. J | 9. C  |
| 2. A | 6. K | 10. B |
| 3. G | 7. F | 11. L |
| 4. H | 8. I | 12. D |