

Strategic Guidance - from C. Putnam, M.D., Ph.D.

Source: CBI.ThinkSpace Wiki

STEP 1: IDENTIFY THE PROBLEM

First, identify the patient's principal problem, the "chief complaint". Usually, this is evident from the initial history.

Next, characterize the problem; important elements might include: the duration of the illness, its severity, its course (e.g. constant, intermittent, increasing, decreasing), what exacerbates it, what relieves it, etc.), and antecedent illnesses.

Identify associated symptoms (e.g., fever, shortness of breath, etc.)

Finally, identify additional relevant elements from the initial history. At this point, it may not be clear which elements are in fact relevant. Consequently, this step may be revisited when additional information or analysis suggests that a previously ignored element may indeed be relevant, and vice versa.

The information gathered above should be summarized in Step 1, either in concise narrative form or as a list of "bullet points."

At this point, the goal is to identify the problem and to assemble relevant elements; resist the temptation to make a diagnosis – you don't have enough information at this juncture.

STEP 2: FORMULATE HYPOTHESES WITH RATIONALES

In medicine, this step usually takes the form of a list of provisional diagnoses, each one followed by a brief assessment. For example:

1. *pulmonary embolism – recent onset of chest pain and shortness of breath and a previous history of deep vein thrombosis;*
2. *pneumonitis – the patient is febrile and has a productive cough.*
3. *tuberculosis – unlikely, despite a positive skin test one year ago.*

The list of provisional diagnoses should not include every conceivable possibility but instead should focus upon the more likely and important considerations. The list is usually ordered by likelihood (your best guess first) or – depending upon the illness – might start with the most emergent or ominous diagnosis, e.g., (1) R/O ("rule out") myocardial infarction, (2) gastric reflux, ...

Again, as more information accrues, this list may be expanded, culled, or re-ordered.

Even with the additional information available at this point, the provisional diagnoses may be relatively generic, not specific: e.g., pneumonitis of unknown etiology, chronic abdominal pain.

STEP 3: DEVELOP STRATEGIES FOR ASSESSMENT

Identify information in Release A which is relevant to the patient's problem. What is the impact of that information upon your definition of the problem and your list of provisional diagnoses? At this point, you might revise or add to your responses in the first two steps.

Secondly, make specific note of information which should be obtained from the physical examination. For example, in a patient with possible pulmonary embolism, it is essential to search for evidence of deep venous thrombosis.

Strategic Guidance - from C. Putnam, M.D., Ph.D.

Source: CBI.ThinkSpace Wiki

STEP 4: NARROW DIAGNOSES AND GENERATE PLAN

The findings from the physical examination may prompt further revision of your list of provisional diagnoses. In this step, you should make a brief updated list of diagnoses and then develop strategies to solidify a final diagnosis. What diagnostic studies should be ordered? What laboratory tests should be requested? Which studies or tests are essential for supporting or eliminating a particular diagnosis? Are additional tests needed to identify an underlying medical condition causing or contributing to the presenting illness?

Finally, predict the test results for each of your possible diagnoses (e.g, a pulmonary angiogram will reveal a pulmonary embolus but will be normal in a patient with pneumonitis).

STEP 5: REFLECT

Based upon the information in Release C, are you able to establish a specific diagnosis? If so, where did that diagnosis fall on your list of provisional diagnoses? Did its position change with each increment of new information? If you cannot reach a specific diagnosis, why not? What additional information would be helpful?

Also consider the following questions:

If you experienced difficulty in reaching a final diagnosis, what elements of the case were confusing or distracting? Can you identify a better strategy for diagnosing this case? Where did you go astray? How might you approach a similar problem next time?

How difficult was this case? What did you learn from it?

Did your experiences with earlier cases affect your approach to this case? Did your new strategy work better?