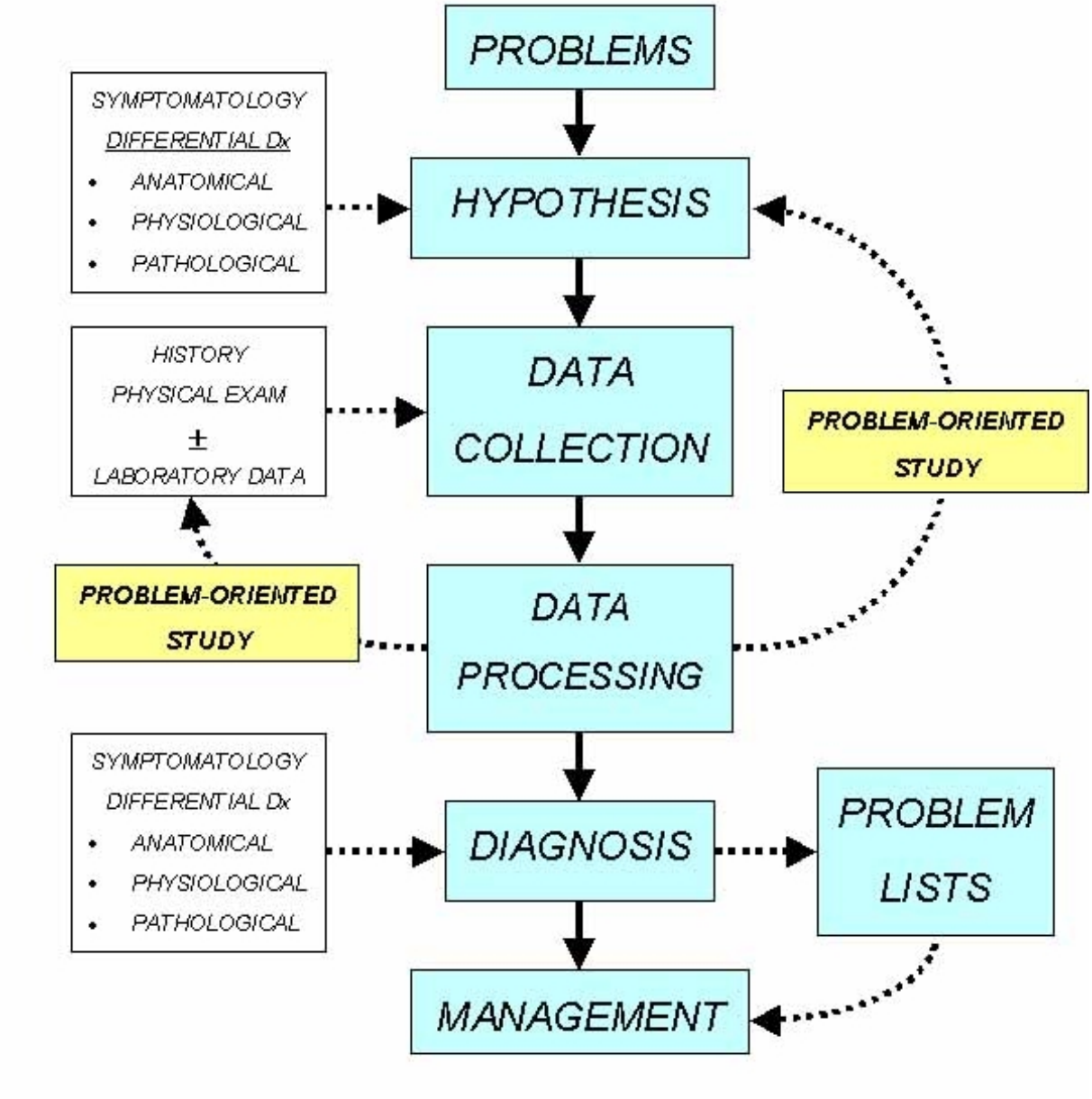
Clinical Skills

- *Facility for relating to people (interpersonal skills)*
- *Ability to take a history and perform a physical examination*
- *Knowing how to evaluate and process incoming information and put it all together*
- *Formulation of a problem list*
- *Skill at assessing the problem list and devising a diagnostic game plan*
- *Ability to transform all of the data into a written record*
- *Knowing how to access the information highway*
- *Ability to present the case to others in a nutshell*

CLINICAL LEARNING CIRCLE



Data Collection

The relative important of each portion of the DATABASE in arriving a diagnosis:

- *History - 70%*
- *Physical exam - 20%*
- *Laboratory tests and other procedures - 10%*

History taking is the most important and most revealing portion of the database.

"There are few poor historians but many poor history takers".

"SYMPTOMATOLOGY"

Physical Examination

Two types: - selective or ad hoc type

- complete or head-to-toe type

Normal or abnormal?

Paraclinical studies

- *Resorting to tests*
- *Routine studies*
- *What tests to order*
- *Should this test be done?*

Data Processing

What is it?

Chief complaint
Allied symptoms } ***Single diagnosis***
Related physical signs

Classical symptoms & signs → not common !!!

Does the clue relate?

- ***Positive clues***
- ***Negative clues***
- ***Key clues***
- ***Decisive clues***
- ***False clues***

Fitting clues together → Diagnostic criteria

Simple or complex cases

- One organ, one system

Relationships Between Clues

- *-Independent*
- *-Interdependent*
- *-Mutually exclusive*

Pinpointing the Diseased Organ

When the Clue Does Not Fit

The Intersection of Clues

Three Properties of Clues

- *-Sensitivity*
- *-Specificity*
- *-Relative inportance*

Sequential Clues

Problem Lists

What they are?

1. *Diagnosis*
2. *Syndrome*
3. *Pathophysiologic state*
4. *Cluster of clues*
5. *Isolated abnormality*
6. *Psycho-socio-economic issue*

How to derive a list?

- *Active problems*
- *Inactive problems*

Initial and final lists

Forming a Differential

1. *Infectious*
2. *Neoplastic*
3. *Endocrine-metabolic*
4. *Neuropsychiatric*
5. *Special organs (heart, lung, kidney, gastrointestinal)*
6. *Connective tissue and autoimmune*
7. *Hematologic*
8. *Genetic*
9. *Traumatic*
10. *Nutritional*
11. *Iatrogenic and drug-induced*

Pitfalls

Ruling in vs. Ruling out

- *Epidemiology*
- *Data resolution skills*

PROBLEM–ORIENTED MEDICAL RECORD (POMR)

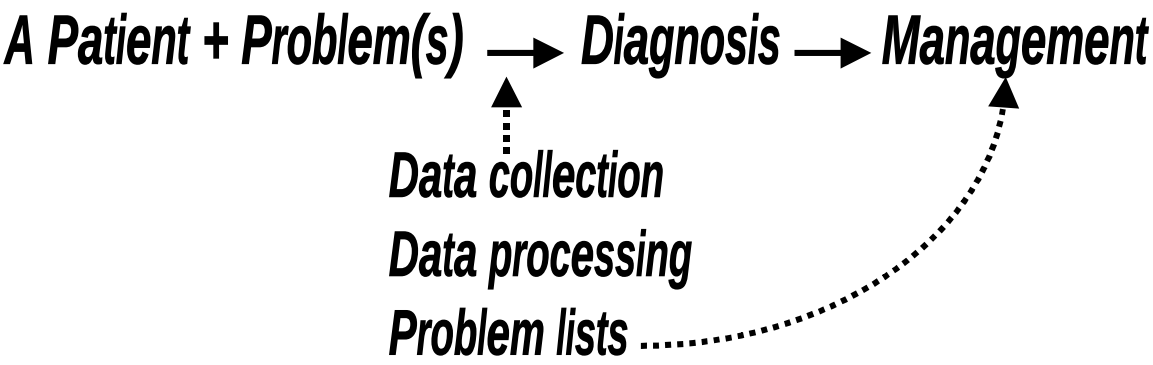
S ***- Subjective***

O ***- Objective***

A ***- Assessment***

P ***- Plan***

How can we get to these?



A 52-year-old alcoholic male patient who has cirrhosis of the liver is admitted to the hospital with a massive upper gastrointestinal bleeding. After a 24-hour work-up concomitant with his emergency treatment, he is found to have the following problems:

1. *Chronic alcoholism*
2. *Cirrhosis of the liver secondary to problem 1*
3. *Gastrointestinal hemorrhage*
4. *Benign prostatic hypertrophy*
5. *Hyperglycemia*
6. *Infiltrate right upper lobe*
7. *Unemployed*
8. *Divorced*

Final lists:

1. *Chronic alcoholism*
2. *Cirrhosis of the liver*
3. *Gastrointestinal hemorrhage secondary to bleeding esophageal varices – resolved*
4. *Carcinoma of the prostate gland (established by elevated prostate specific antigen levels, ultrasound, and biopsy)*
5. *(No problem – subsequent glucose determinations normal)*
6. *(No problem – subsequent chest radiograph was normal)*
7. *Unemployed*
8. *Divorced*