HOW TO IMPROVE CLINICAL DECISION MAKING: PHASE 1

1. Start with a common chief complaint (e.g., Chest Pain, SOB)
2. Develop a broad differential using anatomical location, pathophysiology, or organ system
   Push your differential using an app like Isabel
3. See how your differential changes if you vary age and sex of the patient. Vary comorbid conditions. How does that change things?
4. Make three differential lists for your practice:
   List A: COMPREHENSIVE (10+)
   List B: Most Likely
   List C: Can't Miss (3)
5. Create a table with each Ddx in the first column. For each diagnosis, write down your HPI question to rule in or rule out the diagnosis (we have a spreadsheet template).
6. Get feedback from faculty. What's Missing? How would they identify signs and symptoms to rule in / rule out diagnoses?
7. Once you've completed a table with the most common Chief Complaints, add a new column to your tables for physical exam maneuvers to rule in and rule out most common and can't miss Ddx.

Find out more:
(Guerrasio & Aagaard, 2014)
https://doi.org/10.1007/s11606-014-2955-1

HOW TO IMPROVE CLINICAL DECISION MAKING: PHASE 2

1. Make several copies of an admission report for a a patient with a specific chief complaint.

2. Write one diagnosis on the top of a copy. Using a highlighter, highlight each element in the history that is consistent with the diagnosis. Repeat for each Ddx..

3. For a given chief complain, create another table with Ddx in left column, and various signs, symptoms and qualifiers across the top of the table. Fill in each cell in the table with how you would weight (e.g., more likely /less likely) each sign /symptom in making your ultimated diagnosis

4. Summarize cases using as many semantic qualifiers as possible.
Pt Char: young, middle-aged, elderly, sex-at-birth
Onset: slow, sudden, acute, sub-acute, chronic
Site: bilateral, unilateral, central, peripheral
Course: constant, intermittent, episodic, progressive
Context: at rest, lying down, seated, activity

Find out more:
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