**EXERCISE 1 – CREATE A BROAD DIFFERENTIAL DIAGNOSIS**

Use the patient’s chief complaint and limited pre-charting to create a broad differential diagnosis before entering the room to interview and examine your patient. This will help you to figure out what questions to ask and what to look for in the physical examination.

**Differential Diagnosis:**

|  |  |
| --- | --- |
| **V** | **Vascular** |
| **I** | **Inflammatory/Infectious** |
| **N** | **Neoplastic** |
| **D** | **Degenerative/Deficiency/Drugs** |
| **I** | **Idiopathic/Intoxication/Iatrogenic** |
| **C** | **Congenital** |
| **A** | **Autoimmune/Allergic/Anatomic** |
| **T** | **Traumatic** |
| **E** | **Endocrine/Environmental** |
| **M** | **Metabolic** |

**EXERCISE 2 - ILLNESS SCRIPTS:** Creating Illness scripts is an excellent way for you to expand your medical knowledge base and improve your clinical reasoning skills. They have the potential to also improve your presentation if you use them to determine what details of the patient’s case are important as they lead you to determine some diagnoses are higher on your differential while others are very unlikely. This will lead to more concise presentations without extraneous details that are unimportant. **I recommend creating three illness scripts per NEW patient that you see/present.**

|  |  |
| --- | --- |
| **CC:\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***Differential Diagnosis you are researching****:* |
| **Epidemiology/**  **Predisposing factors** |  |
| **Time Course** |  |
| **Clinical**  **Presentation – Signs and symptoms (PE) and objective testing** |  |
| **Pathophysiology** |  |
| **Treatment** |  |
| **Prognosis** |  |

\*\*Worksheet adapted from Levin M, Cennimo D, Chen S, Lamba S. Teaching Clinical Reasoning to Medical Students: A Case-Based Illness Script Worksheet Approach. *MedEdPORTAL*. 2016;12:10445. <https://doi.org/10.15766/mep_2374-8265.10445>

**EXERCISE 3 – DETERMINING PERTINENT POSITIVES AND NEGATIVES**

Use this as a guide to determine what to include in your oral presentation**.**

**Initial Problem Representation:**

*Provide a short introduction statement using semantic qualifiers (eg. Young/old, acute/chronic, diffuse/localized, mild/severe, etc.)*

Key findings from the case that led to narrowing your differential and supporting your top diagnosis:

|  |  |
| --- | --- |
| Key HPI Findings | |
| Pertinent Positives | Pertinent Negatives |
| Key Exam Findings | |
| Weight: Height: BMI: TEMP: °F/ °C. BP: / HR: O2 % on (how much O2? If none – RA) | |
| Pertinent Positives | Pertinent Negatives |
| Key Data Findings | |
| Pertinent Positives | Pertinent Negatives |

**EXERCISE 4 – DEVELOPING YOUR ASSESMSENT – THREE MAIN PARTS**

1. CREATE A SUMMARY STATEMENT PACKED WITH SEMANTIC QUALIFIERS AND MEDICAL TERMINOLOGY. (See appendix for definition and examples of semantic qualifiers)

“This is a (age) year old (M/F) with history of (Only include history that is pertinent to the case that supports your differential and clinical reasoning skills) who presents with (add ONLY the MOST key elements from your HPI, examination and work up to support your primary differential diagnosis” – DO NOT restate the entire HPI/PE and data findings from the previous page.

1. START WITH YOUR LEADING DIAGNOSIS –

“The constellation of these symptoms is most consistent with (include your top differential diagnosis here).”

1. LIST OTHER DIFFERENTIAL DIAGNOSES YOU CONSIDERED:
   1. Name another possible and common dx – “Other differential diagnoses considered include (name dx) which is still possible but is less likely due to (explain why it is less likely from the pertinent positives/negatives you presented earlier).”
   2. Name a can’t miss diagnosis – “Another diagnosis which should be considered is (Name a “can’t miss” diagnosis which may be a long shot but would create catastrophic results if missed) given (validate why it cannot be missed – high morbidity/mortality, need for a timely or unique treatment, severe complications if missed etc) but is considered unlikely because (include pertinent positives or negatives above as to why it is less likely).”
   3. Optional challenge: Name a rare long shot diagnosis you have researched and think is a possibility but is less likely due to the fact it is not common. Create your own scripting for this diagnosis to impress your attending!

This is a \_\_\_\_\_\_ year old \_\_\_\_\_\_\_ with history of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who presents with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The constellation of these symptoms is most consistent with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Other differential diagnoses considered include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which is still possible but less likely due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Another diagnosis that should be considered is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ but is considered unlikely because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**EXERCISE 5 – DEVELOPING A PLAN**

1. Is your diagnosis definitive or are there additional tests (laboratory/imaging) that need to be performed to exclude can’t miss diagnoses or confirm your suspicions?
2. Is there a medical treatment for this patient? If there are multiple, evaluate the different medications or treatments and compare to your patient’s comorbidities. Why might some treatments be better than others for your patient given these comorbidities. Look at the patient’s other medications and evaluate for possible interactions with the medication you are proposing. Are there any monitoring parameters for the medication you are wanting to prescribe? Do you need to monitor levels or monitor cell count, electrolytes, renal or liver profiles? If so, include this as part of your plan.
3. Would this patient benefit from any type of therapy? Occupational therapy? Physical therapy? Speech therapy?
4. Would this patient benefit from any lifestyle changes? What type of guidance and education should you give the patient or their caregiver?
5. Are there any consults that you need for this patient? Is there an expert opinion that the patient can benefit from or a problem that your specialty would not be able to adequately address?
6. Disposition – Consider the location you are treating the patient. Do they have a need for a higher level of care? Are they able to leave the hospital? What is keeping them in the hospital? Do they have lines – central line, foley catheter, IV – are these lines still needed?

**APPENDIX – SEMANTIC QUALIFIERS**

Definition: paired opposing descriptors that can be used systematically to compare and contrast diagnostic considerations: sharp/dull, acute/chronic, tender/non-tender, productive/nonproductive, insidious/abrupt, proximal vs. distal.

Additional examples:

A table with a list of symptoms

Description automatically generated