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
Data Collection

The relative importance 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
Related physical signs \[\rightarrow \text{Single diagnosis}\]

Classical symptoms & signs \[\rightarrow \text{not common !!!}\]

Does the clue relate?
- Positive clues
- Negative clues
- Key clues
- Decisive clues
- False clues

Fitting clues together \[\rightarrow \text{Diagnostic criteria}\]

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 importance

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 Patient + Problem(s) \(\rightarrow\) Diagnosis \(\rightarrow\) Management

Data collection
Data processing
Problem lists
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