

# Basic technique of applying PE in clinical practice

**Advance PE Course**

# Clinical reasoning



- Inductive, inferential process
- Moving from a specific physical finding or patient complaint to
- a possible diagnosis based on
- history, physical findings, and laboratory and diagnostic tests.
- The practitioner gather further evidence and
- analyzes this evidence to
- arrive at a hypothesis that will lead to a
- further narrowing of possibilities

# Diagnostic Reasoning



- **Suspect the cause**
- **Gather relevant information**
- Select necessary tests
- Recommend therapy
- 
- **Determines and focus** on what need to be ask and what needs to be examined
- Perform examination and diagnostic test accurately
- **Cluster abnormal findings**
- Analyzes and interprets the findings
- Develops a list of likely differential diagnosis

# The primary care context



Explore further questions for the presenting S/S

- Time of onset, duration, frequency
- Anatomical location
- Character or quality
- Setting in which they occur
- Severity or intensity
- Aggravating and alleviating factors
- Associating symptoms
- Patient's perception of the meaning of the symptoms

# Formulating and testing a hypothesis



- Further interpretation of evidence refines the hypothesis to a working or portable diagnosis
- A good hypothesis has to be
  - Coherence, Adequacy, Parsimony
  - Re-evaluate any competing possible hypothesis
- Goal
  - Health outcomes meet patient desire with reasonable cost

# Expert vs. novice clinician



- **Focus** on a problem, recognize **patterns**, gather only **relevant** data, with a high probability of a **correct** diagnosis
- **Steps**
  - Identify the most important cues
  - Understand and perform advanced examination techniques
  - Test differential or competing diagnoses
  - See a pattern in the information gathered

# Developing clinical judgment



- Theoretical knowledge has limitations in exercise of expert clinical judgment
- Practical knowledge required actual experience in a situation that is
  - contextual and transactional, and is
  - acquired only through spending time with patients, practicing focused listening, and
  - gaining experience in recognizing subtle cues.

# Negotiating goals and expectations



- An explicit discussion **between the clinician and patient** is necessary to establish what the goals and focus of an encounter will be.
- Goals can be **mutually** negotiated
  - to **assure clinicians** that serious conditions can be 'ruled out' and
  - to **assure patients** that their needs and desires are acknowledged.



# Evidence-based practice



## ■ EBP integrates

- the best research evidence with
- clinical expertise and
- the patient's concerns and expectations

and involves the use of simple **rules of logic** to apply evidence from research to an individual patients.

## ■ Rules

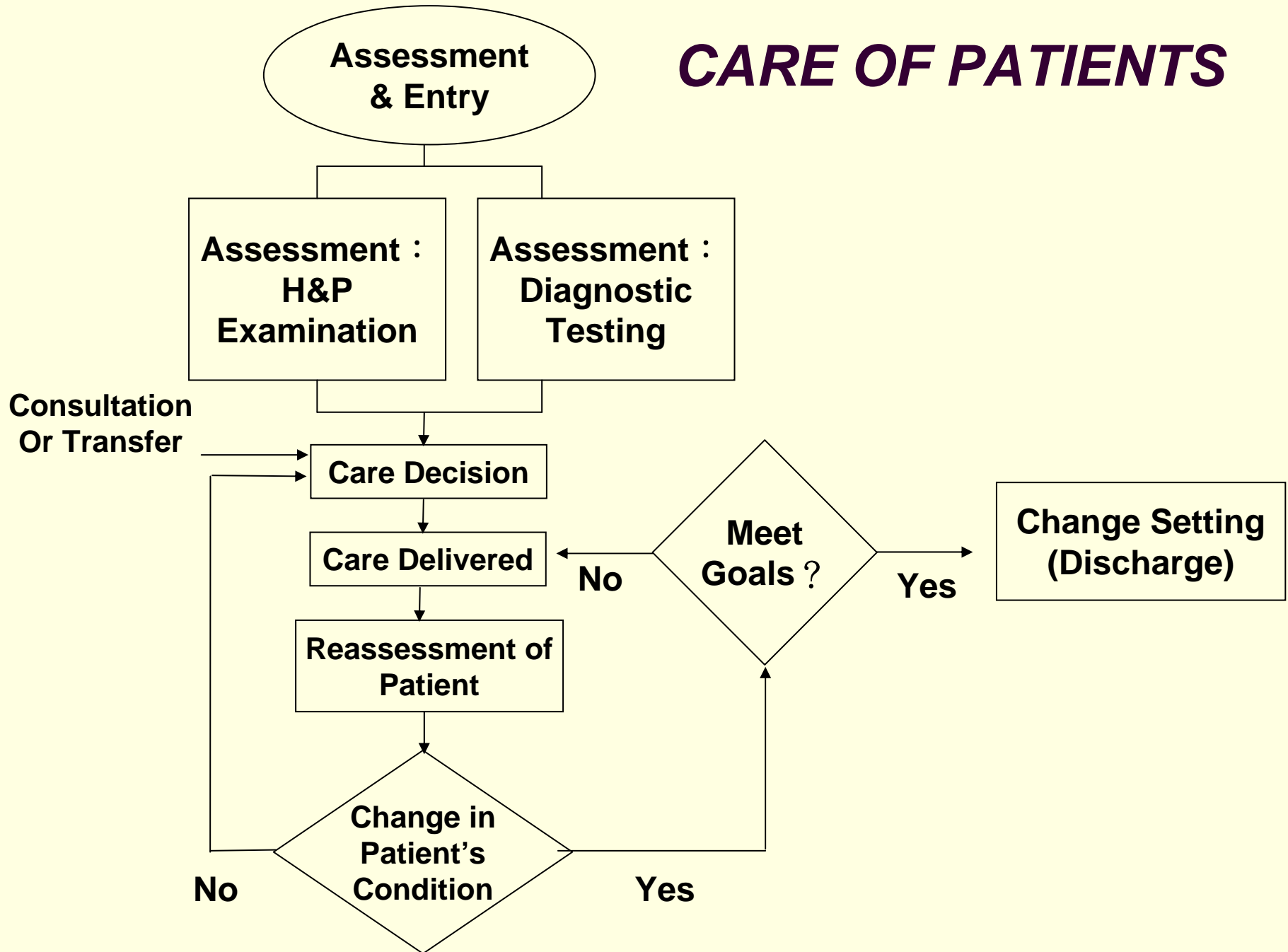
- validity and reliability of evidence
- Level of evidence, quality of evidence, relevance of evidence, strength of evidence

# Ideal goal of primary care

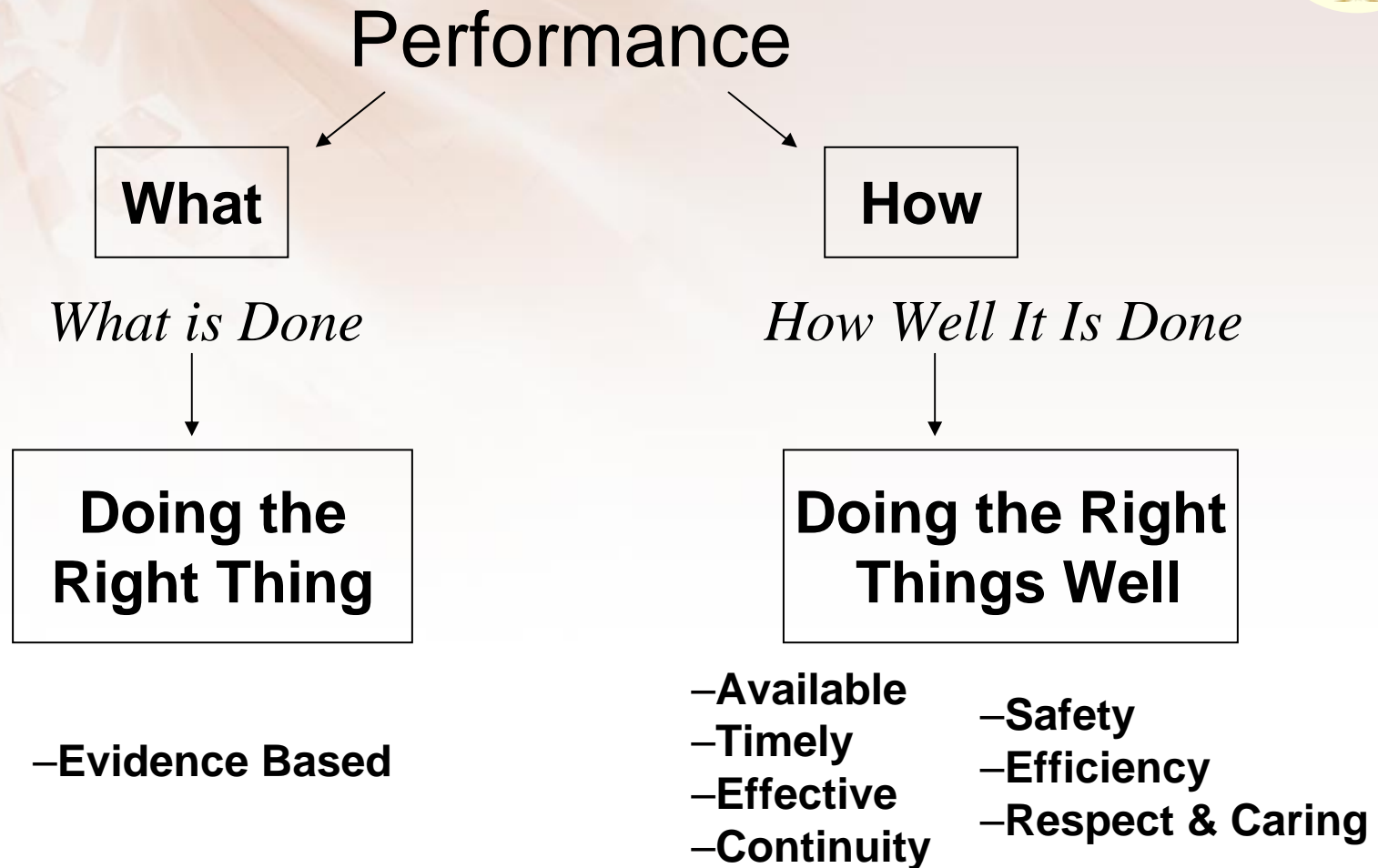


- Treatment plans in primary care settings rely on
- low-level technology and stress prevention,
- and encourage self-care behaviors as well as
- open and effective patient-provider communication.
- Practitioners need to be able to
  - search for and evaluate the best evidence to guide practice and
  - weight the cost/benefit analysis of clinical decision-making and subsequent treatment plans
  - to evaluate diagnostic efficacy

# ***CARE OF PATIENTS***



# Process Improvement



# Q&A

