

Clinical Problem Solving

Module 2



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 - Frederick Williams, MD
 - Cynthia Ledford, MD
 - Judy Bowen, MD

A brief review of Module 1

It's a mystery...

INPUT

History

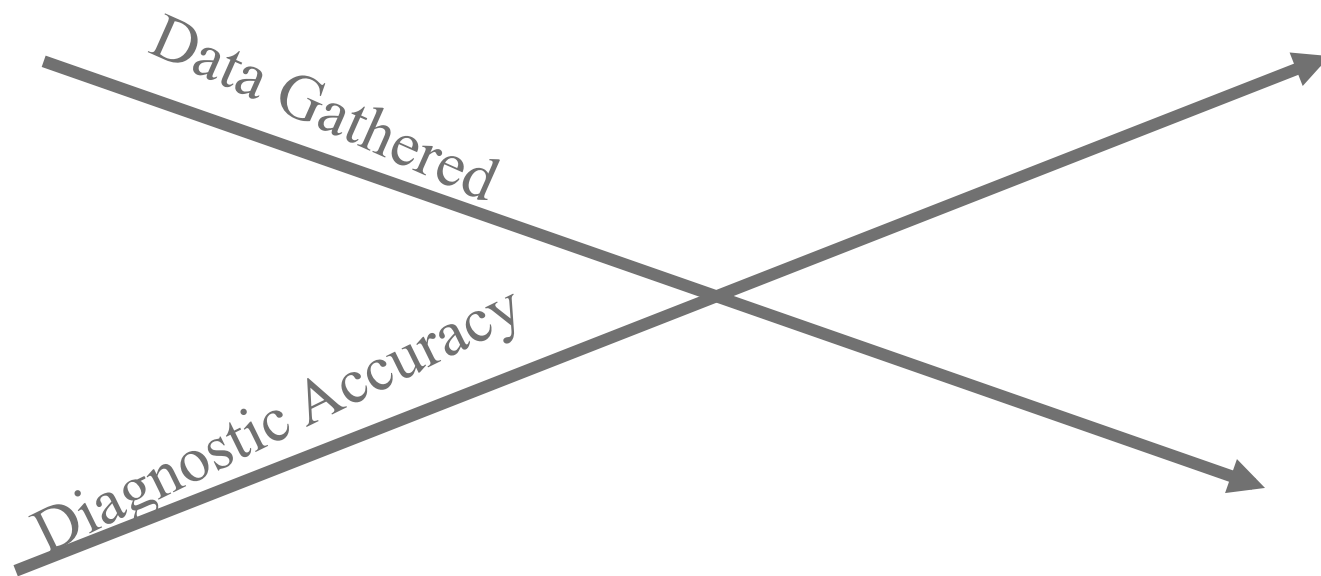
Physical Exam



OUTPUT

Accurate
Diagnosis

Clinical Problem Solving: A paradox



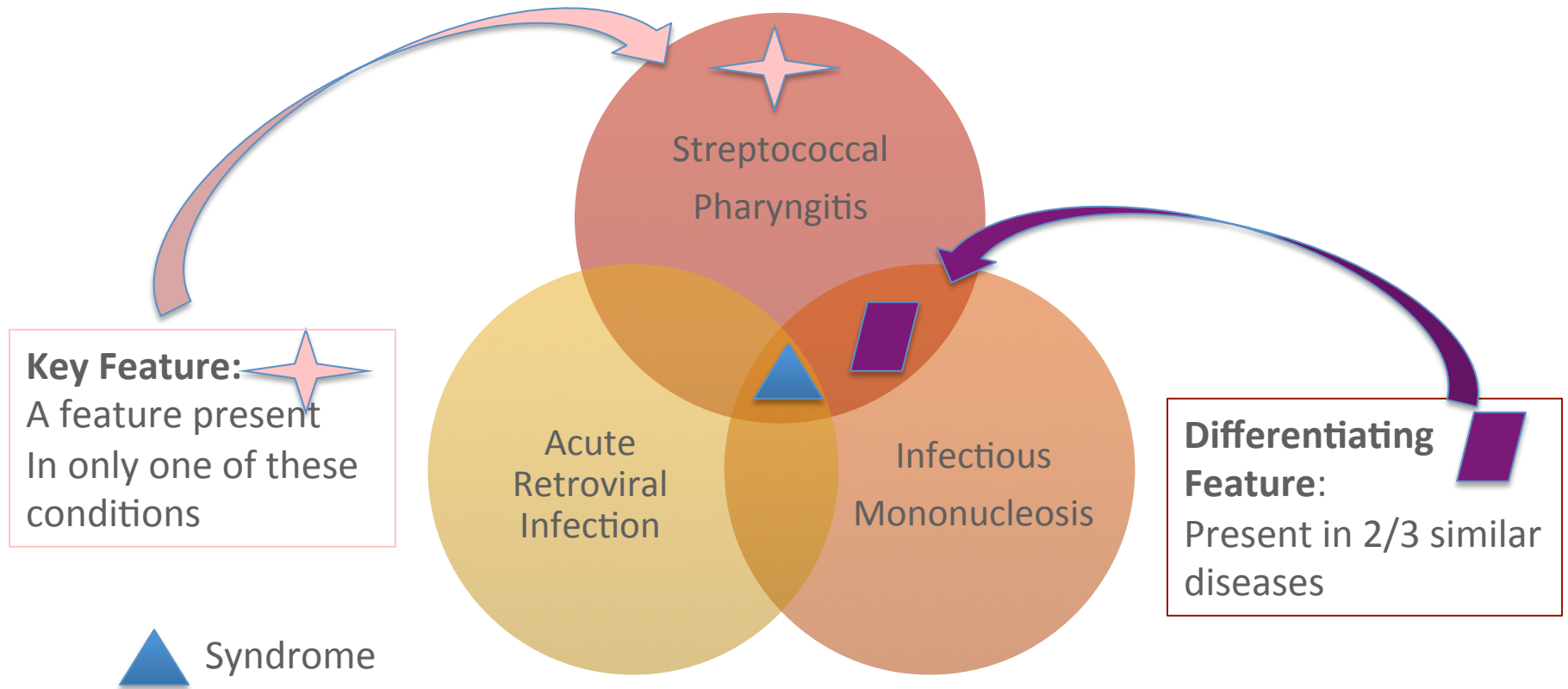
Novice

Expert

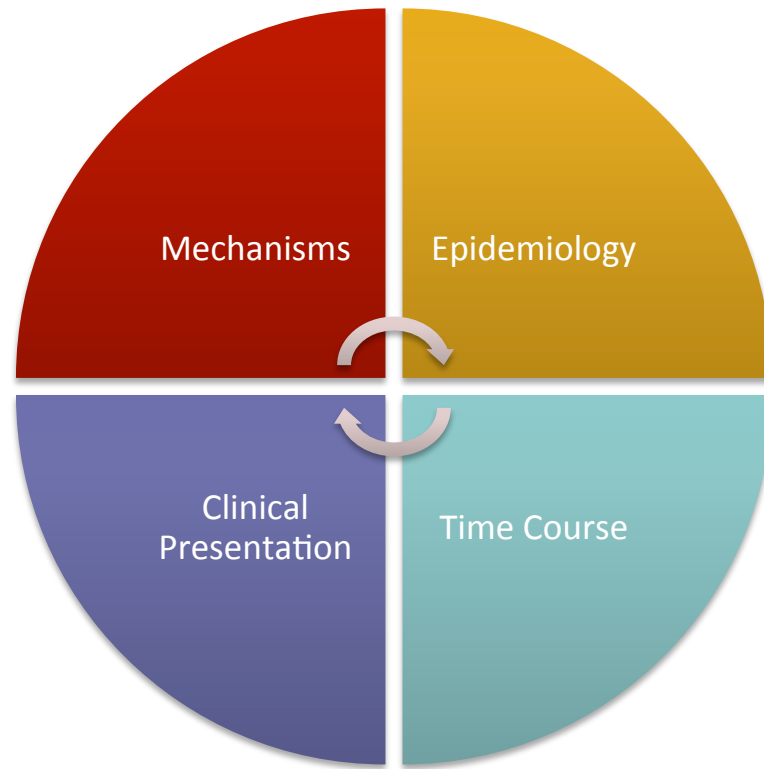
Key: Knowledge Organization

The development of sophisticated problem solving skills involves not only an increase in the number of facts but a change in the way those facts are stored and used. *Georges Bordage, MD PhD*

Compare and Contrast Thinking (CCT)



Common Components of Illness Scripts



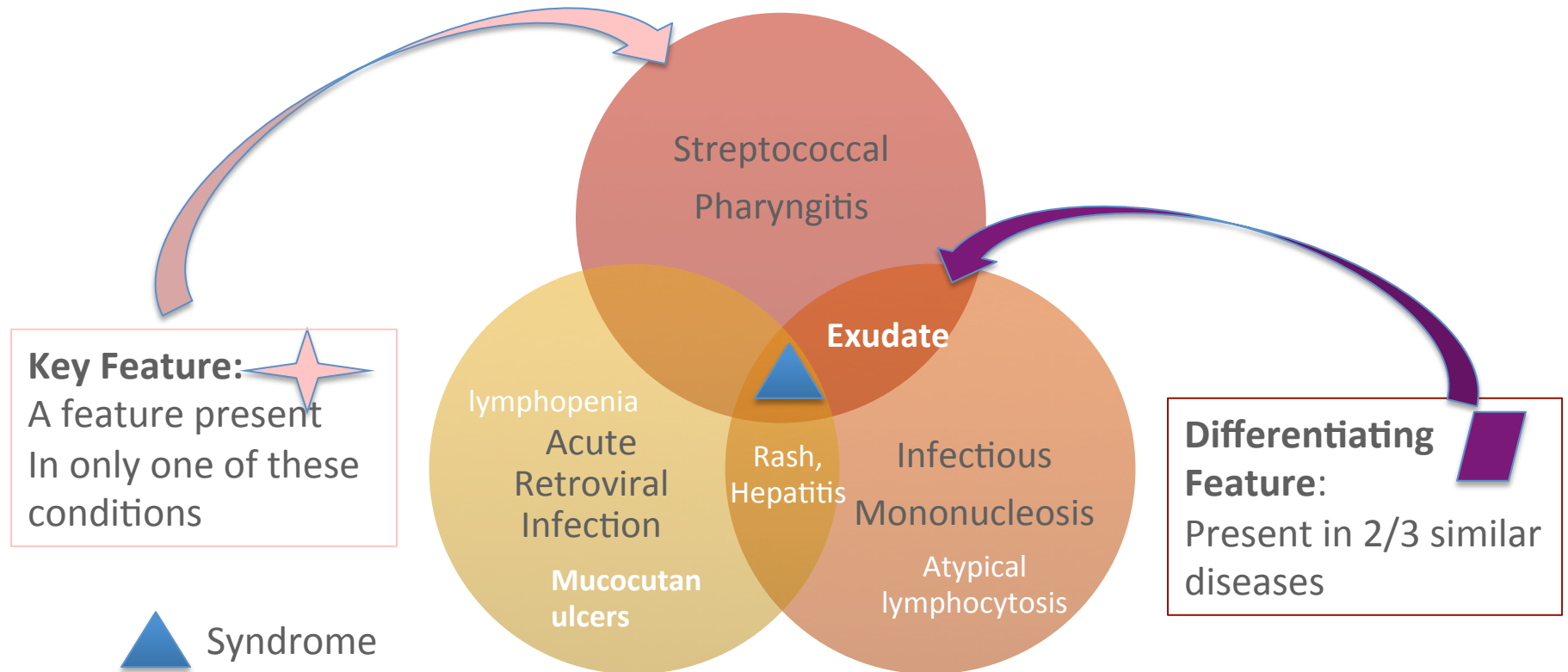
Jeremy Liter

- 15 years old
- “I have a very sore throat.”
- Sick for 24 hours
- Other symptoms: fever, fatigue
- No cough, stuffy nose.
- Physical Exam:
- T: 102, HR 112, BP 98/68, RR nl
- Bilaterally enlarged tonsils, erythematous with exudate
- No mouth lesions
- Diffuse cervical and axillary nodes.
- Enlarged spleen

Compare and Contrast Reading: Pharyngitis

Pharyngitis	Epidemiology	History	Physical Exam	Labs
Group A Strep Pharyngitis	Ages 5-15	Fever, < 4 days NO cough	Tonsillar enlargement exudate, ant cervical nodes	Rapid strep test positive
EBV infection	10-35 yo	Pharyngitis, malaise Week or more of symptoms	Tender ant and posterior cervical adenopathy splenomegaly (50%); bilateral lid edema petechiae rash with ampicillin (90%)	Atypical lymphs, lymphocytosis Monospot specific not sens Dec plts, hemolytic anemia
Acute Retroviral Syndrome	High risk sexual behavior	Acute to weeks	Palatal ulcers, no exudate	No lymphocytosis

Compare and Contrast Thinking (CCT)



Quiz 2.1

- What is Jeremy Liter's most likely diagnosis?
 1. Acute streptococcal pharyngitis
 2. Infectious Mononucleosis
 3. Non EBV viral pharyngitis
 4. Acute Retroviral syndrome

Jeremy Liter's diagnosis

- Rapid strep test negative
- Mono spot test positive
- Sent home with instructions for fluids, ibuprofen, rest, and no contact sports for six weeks.