

Selecting Diagnoses for Written Notes in Standardized Patient Exercises

These principles for standardized patient (SP) exercises are the same you should apply to formulating diagnoses for genuine patients.

Error # 1: Diagnoses that are not diagnoses

When choosing a diagnosis, do not rely solely on terms that simply restate the patient's problem, chief complaint, or physical finding such as "chest pain", "weight loss", or "murmur". These terms may be appropriate as stand-alone entries on a patient's problem list, but are not adequate when stating or proposing a diagnosis. They will generally be scored as completely incorrect, unless they are accompanied by qualifiers that provide more specific information.

Error # 2: Diagnoses that are too general

While terms such as "pneumonia" or "arrhythmia" may constitute a general label for a condition, they lack the level of detail or precision needed to be acted upon. They will generally be scored as partially correct, but consistent use will not be sufficient for a student to be considered competent.

Correct diagnoses

Correct diagnoses require modifiers that reflect a condition's more precise mechanism or etiology. Use of the phrase "secondary to" and specifying location, acuity, and/or underlying contributors can be useful. Sometimes you can suggest a mechanism (infection) but not necessarily a specific organism. Simply try to be as exact as your data allow.

Examples of precise diagnoses

Right middle lobe pneumonia secondary to *S. pneumonia* (not just "SOB" or "pneumonia")

Syncope due to paroxysmal ventricular tachycardia (not just "syncope" or "arrhythmia")

Acute infectious diarrhea (provides a proposed mechanism, although not a specific organism)

Chronic back pain secondary to osteoarthritis (rather than from RA, infection, etc)

Acute myocardial infarction (not just "chest pain", "angina", or the informal term "heart attack")