Clinical Reasoning Instrument: Following is a detailed description of the clinical reasoning instrument, a tool intended to assist students in critical thinking and practicing oral presentation skills

The goal of this activity is to provide a structure for students to practice oral presentation skills and clinical problem solving on all clerkships

Learning Objectives:

By the end of the third year students will demonstrate the ability to:

- Organize the relevant findings from a patient encounter into a focused oral presentation of the patient
- Generate a differential diagnosis, supported with pertinent positive and negative data
- Describe next steps in the diagnostic and therapeutic management of the patient

Tool:

- The form that is being used for this activity is currently used to guide written patient notes following patient activities in the standardized patient center
- The format mirrors the materials that students use during their USMLE Step 2 Clinical Skills Examination
- The expectation is that the student will use the front of the form to record data from the patient encounter. Students should be encouraged to record all relevant information obtained.
- The recording of data should follow a standard format (see below) but can be bullet points or short statements – the form is intended to be a vehicle to guide the student’s thinking and to help the student organize his/her oral presentation and not to be used as a chart note
- The back of the form asks for up to three diagnoses, with the most likely diagnosis listed first
- The students should defend each diagnosis with both positive and negative findings.
- The plan should focus on diagnostic testing “next step” recommendations. Therapeutic management may be discussed but skill at this will vary depending on the student’s level of training
Medical Interview

CC: Constipation
HPI: 72 year old man
Decreased frequency of bowel movements over the past 4 months; change from daily stool to 2-3 times per week. Stool hard, some straining. Occasional spots of blood on toilet tissue
No associated abd pain; decreased appetite when feels “full”. Has lost 4 pounds, attributes to occasionally skipping meals when “full”. Widowed ~ 6 months ago. Lives alone, does not like to cook – eats processed / prepared foods (frozen meals) frequently. Limited fresh foods. Drinks coffee (morning) and some iced tea with meals. Does not drink much throughout the day.
No prior bowel issues. Screening colonoscopy performed at age 52 (normal) and 64 (normal).
PMH: Hypertension (x 22 years); hip replacement (4 years ago; osteoporosis); mild depression after wife’s death.
Last visit to PCP was ~ 5 months ago – shortly after wife passed away
Meds: HCTZ (25 mg) once daily
   Enalapril (once daily – dosing not known by pt)
   Calcium / Vit D supplement (started 5 months ago)
   Zoloft – started 5 months ago
FH: No family history of GI cancer, other significant colon / GI disease
SH: lives in Galveston, small house; mostly stays at home since wife died, not very active
2 adult children nearby (Houston, League City) – talk / visit several times per month
Tobacco: prior (38 pack year) Quit 10 years ago
ETOH: enjoys a beer 2-3 times per week during the summer months, no hx abuse
Drugs: none

PHYSICAL EXAM

Vitals: 98.6°F ; resp: 14 /min; pulse 72 bpm; BP 130/78 mmHg  Height: 70”  Weight: 178 lbs
General: well nourished man, no acute distress
Neck: no palpable lymph nodes; thyroid palpable – normal sized, no nodules
Chest : good air movement, normal breath sounds
CV: regular rhythm, normal rate  S1 S2 without additional heart sounds
Abd: rounded, soft. (+) bowel sounds in all quadrants, (-) bruits. No masses, nontender. Liver edge palpable without evidence of hepatomegaly. Spleen not palp.
Rectal: small external hemorrhoid. Normal sphincter tone; no masses appreciated on digital exam.
Firm stool in rectal vault.
**DIFFERENTIAL DIAGNOSIS:**

1. **Constipation due to inadequate dietary fiber /fluids**
   - Change in diet after wife’s death
   - Limited fresh foods
   - Limited fluid intake

2. **Medication induced constipation**
   - New use of medications known to cause constipation (Calcium, HCTZ)

3. **Intra-luminal mass causing narrowing of colon**
   - Possible colon cancer or polyp – based on age
   - Less likely due to negative factors including:
     - (-) family history
     - (-) other symptoms that support mass
   - Normal colonoscopy x 2 (last one 8 yrs ago)

**PLAN: (diagnostic testing)**

1. Check stool for blood
2. CBC (to determine whether there is any evidence to support blood loss)
3. Consider colonoscopy (would only do this if patient has heme (+) stool, or has microcytic anemia)
4.
5.

(see suggestions on how further discussion could follow [next page – not part of standard form])
Student could be prompted to discuss next steps – but this is not part of the format for the writing:

1. Adjust diet to increase daily fiber, fiber supplement if desired
2. Increase daily fluid intake
3. Take calcium tablets with adequate water
4. Early follow up – if no improvement may need follow up colonoscopy