



POD2PAS

Clinical Decision Making

Aims of this lecture

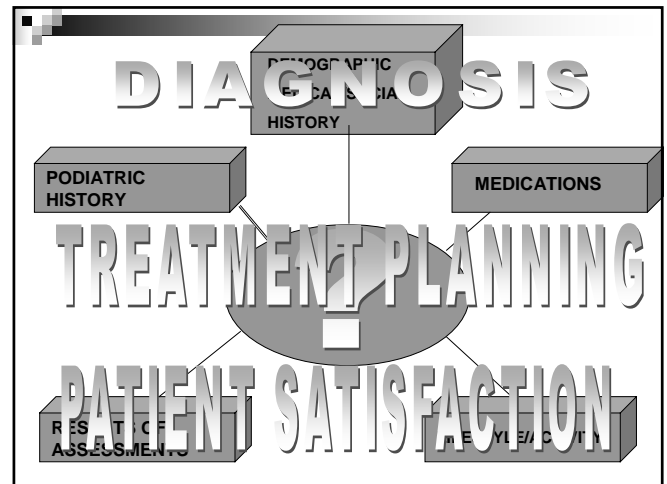
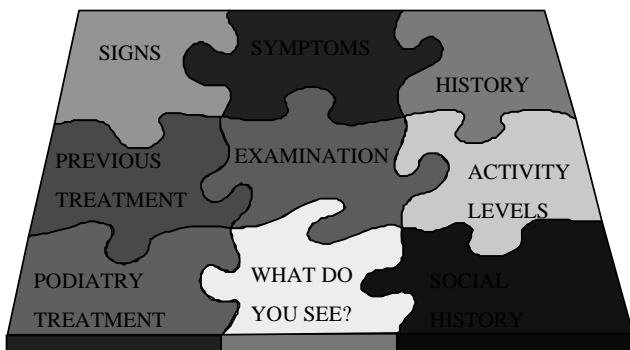
- Review of previous concepts
- Introduce concepts of clinical decision making
- DeGowans perspective
- Practice examples
- Complete self-directed learning exercise

Review

- Aims is to achieve patient satisfaction
- May not always be 'cure' as such but may geared towards others goals, eg increase ROM or improve mobility
- Important to identify 'podiatric diagnosis' or focus

Review

- Good assessment starts with good history taking
- Concept of PQRST as an aid to data gathering
- Physical assessment then follows history
- Assessments may be local ie ankle joint or more general systems ie vascular
- May need other tests ie X-ray to assist in decision making



What do you do with this info?

- You are acting as a 'health professional'
- You are engaging in 'critical thinking' and then 'clinical decision making'
- This will seem strange at first but will become second nature with experience
- How can we consider this process to describe what is going on?
- Can this process be learned?

DeGowans perspective:

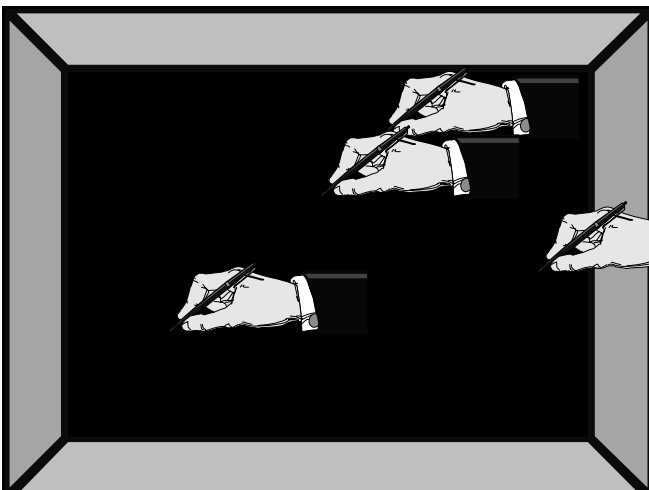
- TWO PARALLEL COURSES:
 - SEARCHING FOR CLUES
 - GENERATION AND SELECTION OF HYPOTHESES

SEARCHING FOR CLUES IN:

- 1 PATIENT HISTORY
- 2 PHYSICAL EXAMINATION
- 3 LABORATORY EXAMINATION
- 4 SPECIAL ANATOMIC AND PSYCHOLOGICAL TESTS

Using the information:

- Examiner collates information from clues
- Considers list of disorders or syndromes that have the clue in common
- Develop an 'imaginary chalk board' with list of potential hypotheses
- Measure clues, test results, symptoms against this list
- Generation of more information may include new entry on list or exclude others



EXAMPLE

- HISTORY
32 YEAR OLD MALE
FACTORY WORKER
COMPLAINING OF ITCHING AND SCALING OF BOTH FEET.
- SYMPTOMS ARE: SCALING OF SKIN
ITCHING OF SKIN
SMALL BLISTERS FORMING



Examine patient for signs

- Physical examination of skin:
 - EXTENSIVE ERYTHEMA
 - MULTIPLE VESICLES COALESCING INTO BULLAE
 - EXTENDING FROM MEDIAL LONGITUDINAL ARCH TO DORSUM
 - EVIDENCE OF EXTENSIVE SEROUS EXUDATE
 - SKIN APPEARS HYPERHIDROTIC
 - SYMMETRICAL IN NATURE
 - NO SKIN LESIONS ELSEWHERE ON BODY

DEVELOP HYPOTHESES

- TINEA
- PSORIASIS
- CONTACT DERMATITIS

TEST HYPOTHESES

- DOES THIS LOOK LIKE TINEA?
- DOES THIS LOOK LIKE PSORIASIS?
- DOES THIS LOOK LIKE CONTACT DERMATITIS?

FURTHER HISTORY

- NO FAMILY HISTORY PSORIASIS
- NO OTHER SKIN RASH
- HAS ALWAYS HAD SWEATY SKIN
- NEW BOOTS FROM WORK
- WEARS THEM ALL DAY

LABORATORY TESTS

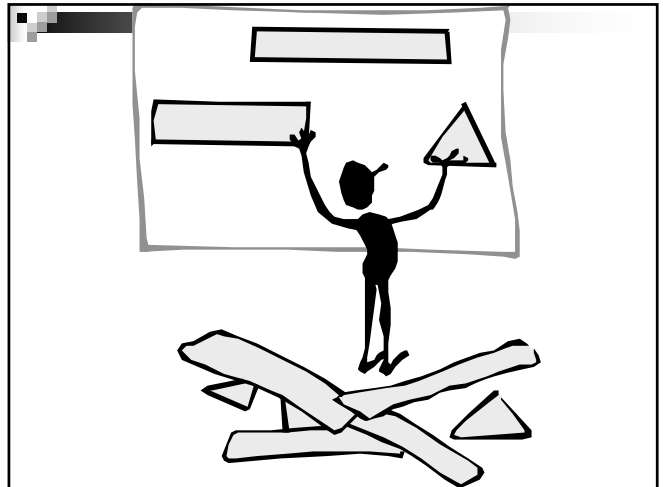
- POSSIBLE PATCH TEST

OTHER TESTS

- NOT NEEDED AT THIS STAGE

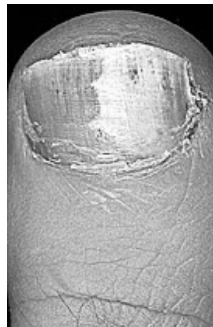
DECIDE ON DIAGNOSIS

- RESULTS OF PATCH TEST
- CLUES FROM HISTORY
- SIGNS AND SYMPTOMS
- DIAGNOSIS: CONTACT DERMATITIS



Example

- 42 yo male
- c/o change in colour to nail plate
- No pain
- Has been present for six months
- Gradually getting worse
- No other nails affected



Example

- How many disorders do you know present in this way
- Your list of hypotheses may include
 - Onychomycosis
 - Onycholysis
 - Leuconychia

Example

- How can we examine for each of these?
- What are the signs and symptoms of each of these?
- Is any other skin or nail affected?
- Are there enough features of any nail pathology to make a provisional diagnosis?
- Do I need to undertake further tests?

Example

- In this case you observe
 - Discolouration, white/brown
 - Extending from lateral nail fold
 - Nail is beginning to crumble or be friable
 - Nail is separated from nail bed
 - Nail is becoming chauxic

Example

- Onycholysis does not have these features
- Leuconychia does not have these features
- Onychomycosis does have these features
 - Could undertake further lab tests to confirm

Summary

- Clinical decision making is a skill that develops
- It will seem strange at first but will soon become second nature
- Experienced clinicians make decisions all throughout the patient consultation and management phase