

TIPS ON HOW TO JUSTIFY YOUR DIAGNOSIS

Prepared by Tom Blanchette, Scott Burdette, Shanon Curry,
Eliza Davis, Stephanie Shinn (Class of 2012, Y2)

1. WHAT IS THE DIAGNOSTIC JUSTIFICATION FOR?

- It is about your ability to:
 - Logically think through a case presentation and clearly describe your train of thought
 - Identify flaws in reasoning and make adjustments to a skill that's difficult to acquire in a classroom.
 - Have a mental algorithm to follow in order to make the process easier
 - Improve your handoffs in the future and decrease errors by allowing the other provider to understand your reasoning
 - Avoid ordering tests multiple times
- It is **not** about your ability to immediately identify the correct diagnosis

2. MAP FOR YOUR JUSTIFICATION

- Chief Complaint:
 - It is a good idea to list the differentials you immediately think of when reading the chief complaint on the door
 - This can help drive your history and physical
 - Useful to list at the beginning of your justification
- History:
 - Use the pertinent positives to narrow down your diagnosis and to support your final
 - Use pertinent negatives to rule out other differential dx
 - Present all major differentials!
- Physical Exam:
 - Again discuss how positive findings help support your diagnosis
 - Describe how the findings help rule out other differentials
- Labs/Tests/Imaging:
 - Select your final diagnosis and describe how tests support it and inform treatment strategy
 - Describe how the results rule out any remaining differentials

3. VINDICATE – MNEMONIC FOR DIFFERENTIALS

- Use this if you are stuck or as a check to make sure you are not neglecting an entire system
- Danger of relying on this = broad non-prioritized differential
 - V - Vascular
 - I – Iatrogenic
 - N- Neoplasm
 - D – Drugs
 - I – Inflammatory/infectious/autoimmune
 - C- Congenital-malformation or deficiency
 - A – Anatomical
 - T – Trauma
 - E – Environmental-toxins, exposure and Endocrine

4. WHAT HISTORY QUESTIONS WOULD YOU ASK?

- Use your differentials to drive your history

5. BASED ON HISTORY, WHAT HYPOTHESES ARE MORE LIKELY? WHAT ARE LESS LIKELY?

- Pertinent positives?
- Pertinent negatives?
- Interpretation of findings?

6. WHAT PHYSICAL EXAM NEEDS TO BE DONE?

- What systems are affected?
- What are your pertinent positive and negative findings on PE?

7. NEXT STEPS

- What are your leading diagnoses going into the test section?
- What differentials do you still need to rule down?

8. WHAT LAB TESTS AND IMAGING DO YOU WANT TO ORDER?

- How do the lab results affect each item on your differential diagnosis?

9. FINAL STEPS

- Leading diagnosis is _____
- Because _____

10. SUMMARY/OUTLINE

- Generate differentials based on chief complaint
- History: narrows the differential to *these* differentials... and rules down *these* because...
- Physical exam: rules in *this* because..... and rules out *this* because.....
- Labs/tests: rule in a leading diagnosis because... and rule out remaining diagnoses because...

11. COMMON ERRORS

- Holding firmly to a diagnosis and not presenting or discussing other differentials
- Neglecting the pertinent negatives (on history and PE)