

# Sore throat

## PART 2

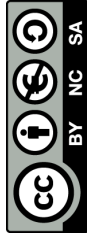
*Giuseppe Parisi*

- The clinical task
- The clinical reasoning in the frame of the consultation
- Actions and instruments
- Strategies
- Treatment

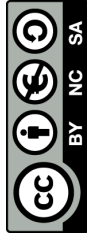
DOCTOR'S MEDICAL CLINIC  
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123 Main Street, Suite 100  
Wheaton, MD Telephone: 800 555-1234

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Date \_\_\_\_\_

*A message from the CDC:  
[www.cdc.gov/getsmart/](http://www.cdc.gov/getsmart/)*

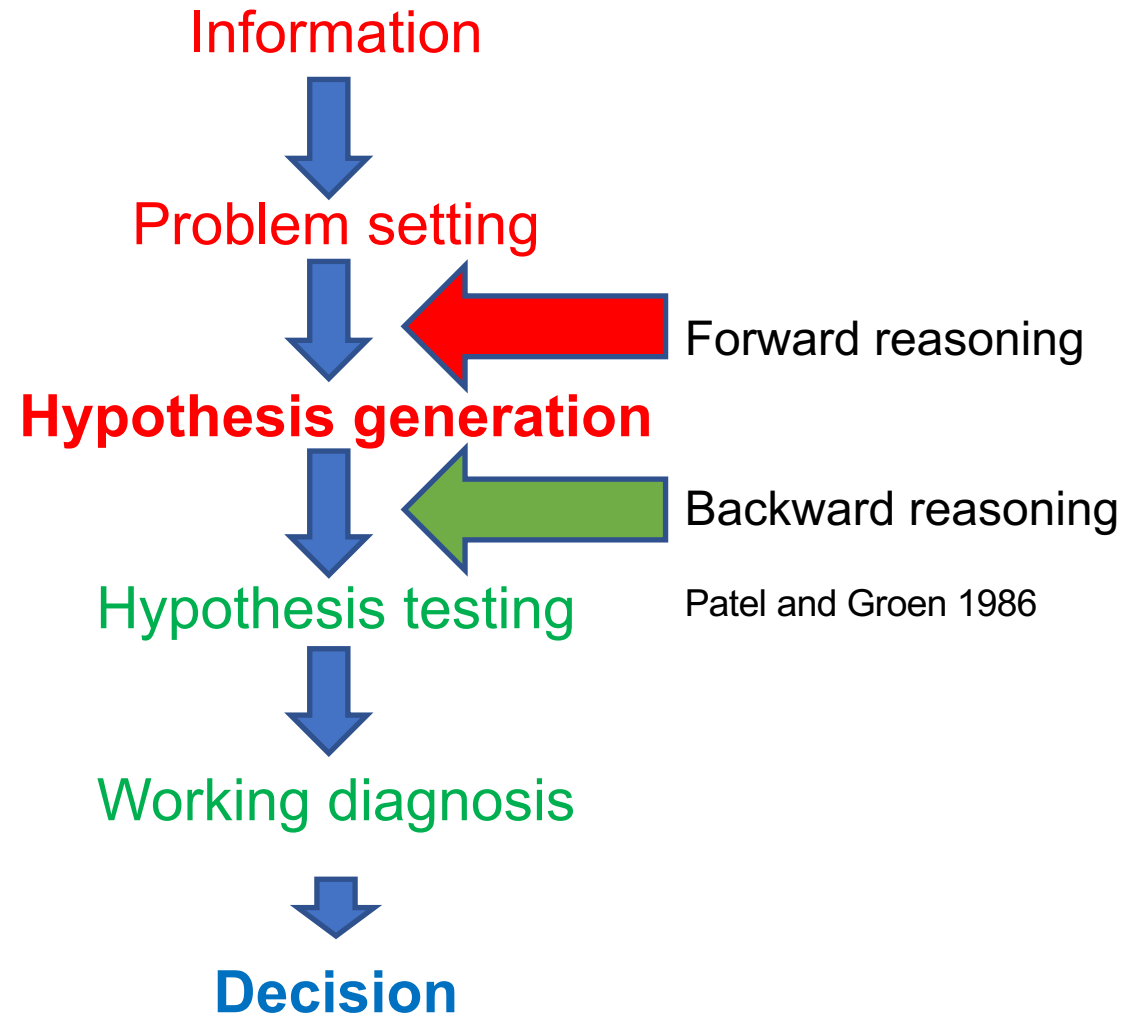


<i>ELEMENT</i>	<i>MANAGEMENT TASK</i>	<i>CLINICAL TASK</i>	<i>COMMUNICATION TASK</i>	<i>PATIENT AS...</i>
<b>Opening</b>	Build the setting	Catch the early warnings	Make the patient at ease	Person
<b>Subjectivity</b>	<b>Management of presenting problems</b>	<b>Early generation of hypothesis</b>	<b>Collect information by allowing patient expression</b>	<b>Individual</b>
<b>Examination</b>	Management of the present problems not presented by the patient.	Reach working diagnosis	Actively collect information	Matter of research
<b>Evaluation</b>	Redefine the situation	Overall clinical judgement	Information	Partner
<b>Design</b>	Map out a plan		Communicate patient's options	Consultant
<b>Shared choice</b>	Doctor/patient choose an option		Share choice	Partner
<b>End</b>	Schedule the next consultation date Inform the patient about the safety net		Greetings	Person



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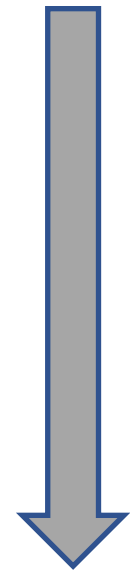
# CLINICAL REASONING FLOW CHART



Elstein AS, Schwarz A (2002) Clinical problem solving and diagnostic decision making: selective review of the cognitive literature. *Bmj* 324:729-732

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Clinical and management tasks



Information

Problem setting

Hypothesis generation

Hypothesis testing

Working diagnosis

Decision

Clinical reasoning (Elstein and Schwartz)

# subjectivity

Weed: "symptom or condition perceived by the patient and not by the examiner"  
(*arch intern med vol 152 march 1992: 481*).

Collect information by allowing patient expression

Manage presenting problems

Generate early hypothesis

Information



Problem setting



Hypothesis generation

Hypothesis testing

Working diagnosis

Decision

# Generate hypothesis

## BINARY CATEGORIZATION OF HYPOTHESIS

Acute onset  
Emergency  
Psychological  
/Functional  
Local  
.....

Chronic onset  
Not emergency  
Somatic / Tissues  
damage  
Systemic  
.....

# examination

- Every information which comes not from patient, but from medical record and data

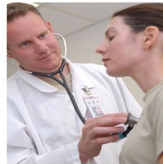
*(McIntyre 1972, Petrie 1983).*

the doctor collects information actively

- Consultation of medical records



- Interview



- Physical examination



Management of  
the present problems not presented by the patient.

Reach working diagnosis

Information



Problem setting



Hypothesis generation



Hypothesis testing



Working diagnosis



Decision





# hypothesis selection/testing

- **FIRST ROUND (during the consultation)**
  - Verbal examination
  - Clinical tests = physical examination
- **SECOND ROUND (prescribed)**
  - Lab tests
  - Imaging test
- **TEST OF TIME**

# Criteria to select hypothesis

- Epidemiological
  - What is more likely to occur?
- Physiopathological
  - Local or referral visceral cause
- Plausible and life threatening
  - *“When you hear hoofbeats, don’t think zebras!”*
  - *«Rare causes are rare, but occur»*

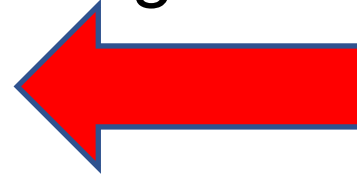


# Elstein e Schwarz

Information



Problem setting



Forward reasoning

**Hypothesis generation**



Backward reasoning

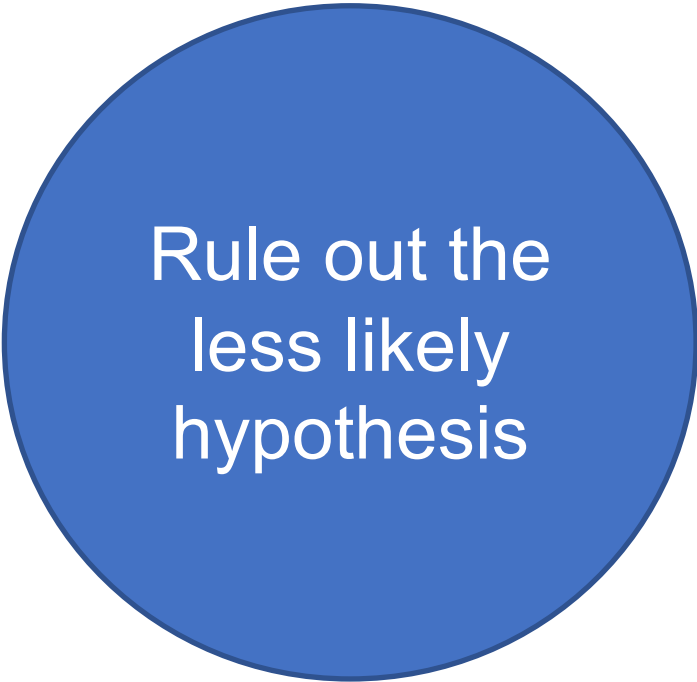
**Hypothesis testing**



Working diagnosis

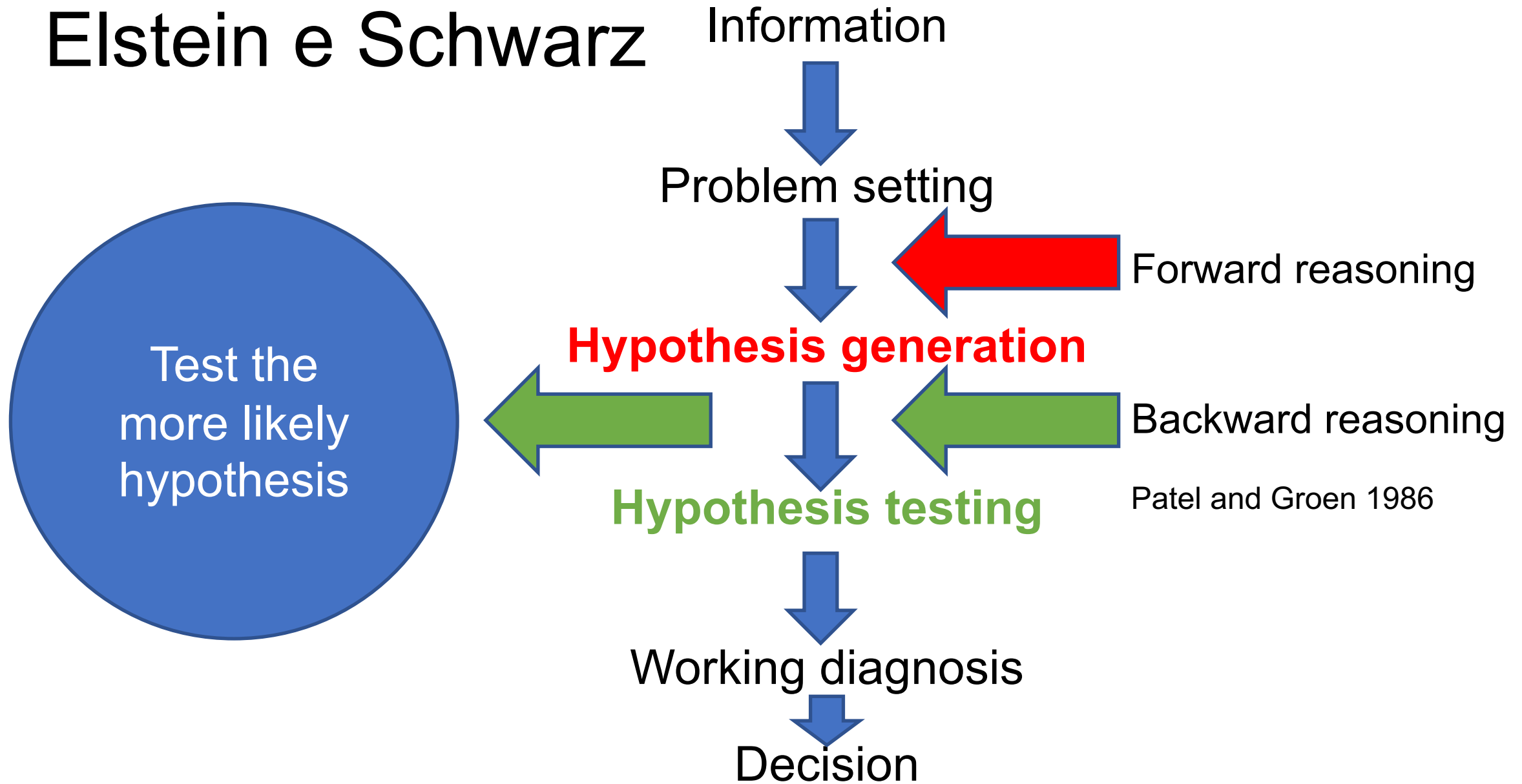


Decision



Patel and Groen 1986

# Elstein e Schwarz








# Physical examination as...

- Clinical test to rule in or rule out a hypothesis.
- Recognition of systems to generate additional hypothesis.
- Encounter patient's needs to be examined.
- Encounter patient's needs to be reassured by close skin touch of the doctor.
- Makes the patient experience the symptom or the pain elicited by the manoeuvres of the doctor in a safe environment.



# Physical examination as...

- Clinical test to rule in or rule out a hypothesis.  When the doctor has a well defined hypothesis
- Recognition of systems to generate additional hypothesis.  When symptoms are not focused and the hypotheses generated are weak
- Encounter patient's needs to be examined.  Inform patients if in your opinion they don't need the physical examination
- Encounter patient's needs to be reassured by close skin touch of the doctor.  Direct reassurance of the patient through an action, without symbolic media (words), eliciting a deep emotional answer
- Makes the patient experience the symptom or the pain elicited by the manoeuvres of the doctor in a safe environment.  Useful with psychosomatic patients, to reframe the cause of pain

## Physical examination as...

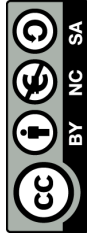
A procedure

A test

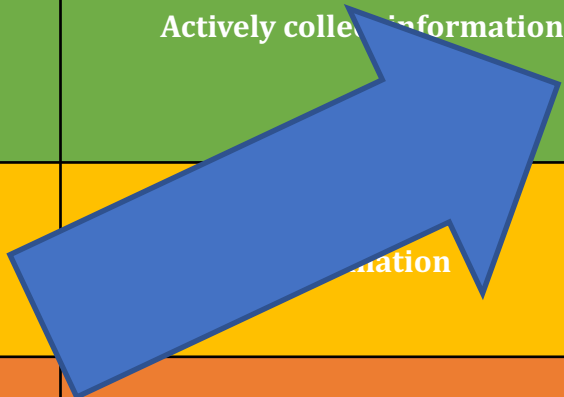
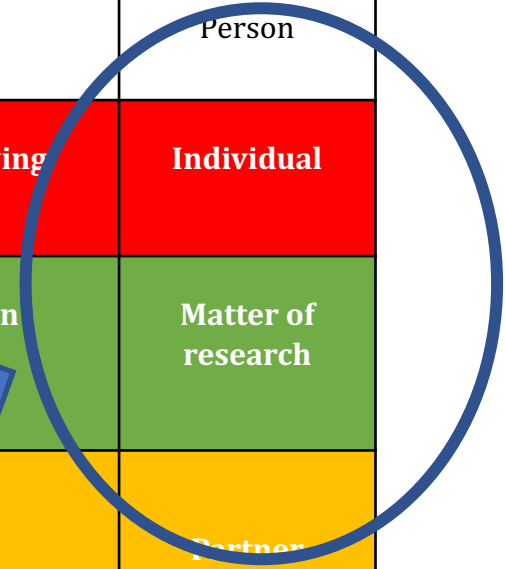
Side effects/risks

Indication





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# MODIFIED CENTOR CRITERIA

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<i>Clinical finding</i>	<i>Points</i>
Absence of cough	1
Age	
3 to 14 years	1
15 to 45 years	0
Older than 45 years	-1
Anterior cervical lymphadenopathy	1
Fever	1
Tonsillar erythema or exudates	1

**SCORE 0-1: VIRAL**

**SCORE 2-3: VIRAL OR BACTERIAL**

**SCORE 4-5: BACTERIAL**

# Use of centor's criteria

**90 % adults and 70 %  
children with pharyngitis  
have viral infection**

- 0 or 1: no test no treatment
- 1 if contact with a person with documented streptococcal infection: rapid test
- 2 or 3: rapid test
- 4 or 5: treatment