

Competency	Patient Care							
Sub Domain	Diagnosis and Management							
Learning Objective	Organizes, synthesizes, and interprets information from patient records, history, and physical examination to construct a differential diagnosis and treatment plan							
Milestones								
Year I		Year II		Year III		Year IV		
Mid	End	Mid	End	Mid	End	Mid	End	
	<ul style="list-style-type: none"> Explains the importance of effective professional communication in developing a patient-centered management plan Defines abnormal symptoms and signs to identify presence of disease Constructs a problem list* for a patient Describes stages of health behavior change 	<ul style="list-style-type: none"> Associates common symptoms and signs with common diseases Composes a limited differential diagnosis for a singular medical problem based on understanding of pathophysiology 	<ul style="list-style-type: none"> Composes a limited differential diagnosis for each medical problem in a patient who has multiple medical problems Constructs plan for diagnostic evaluation and initial management Uses pathophysiology to organize problem list based on disease mechanisms Describes the types of clinical reasoning processes, including benefits and drawbacks, that can be used in different clinical situations ** 	<ul style="list-style-type: none"> Constructs a comprehensive and prioritized differential diagnosis for each medical problem and generates an initial evaluation and treatment plan Assesses and prioritizes a patient's problem list* 	<ul style="list-style-type: none"> Independently documents a comprehensive evaluation and treatment plan considering the risks and benefits to the patient Utilizes evidence based medicine to refine the differential diagnosis and management plan Incorporates health behavior change into the management plan 		<ul style="list-style-type: none"> Incorporates elements of system-based practice into the management plan 	<ul style="list-style-type: none"> Functions as the primary coordinator of patients' care under appropriate supervision Demonstrates flexibility in use of analytic vs. non-analytic reasoning skills in different types of clinical scenarios** Discusses need for consultation and supervision in diagnosis and management when appropriate

APPENDIX

***The problem list** states the problems (concerns/diagnoses/findings) at a level of refinement consistent with the provider's understanding and may include:

- Patient concerns
- Findings (exam, lab)
- Diagnoses

The problem list may be organized by systems, by diagnosis, by organ system, or simply as a single list. The goal is prioritized organization by level of importance as perceived by provider balancing understanding of pathophysiology, clinical reasoning, and patient perspective.

**** Clinical reasoning processes:**

Examples of non-analytic clinical reasoning skills (pattern recognition, heuristics)

- Recognizing medical emergencies, and take first steps to address
- Prioritizing patient care needs based on assessment of acuity
- Recognizing "sick versus not sick" and seek help as appropriate
- Anticipating disease course, recognizing when patient responds/fails to respond to treatment

Examples of analytic reasoning skills

- Hypothetico-deductive reasoning
- Causal reasoning
- Bayesian analysis
- Worst-case scenario reasoning

Examples of common clinical problem solving skills:

- Anticipates and responds to changes in patient acuity and evolution of clinical condition (see *heuristics*)
- Able to exercise sound clinical judgment in both time-open and time-limited clinical encounters
- Utilizes algorithmic decision-making when appropriate
- Demonstrates ability to personalize clinical reasoning to construct and apply appropriate prototypes of disease