Appendix 1

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Cognitive skills in history taking

(Hypothetico-deductive method)

Patient's Interview

Chief Complaint

Duration

File information

The differential diagnosis is based on

1. Probability
2. Seriousness
3. Treatability
4. Novelty

(At least seven differential diagnoses arranged from most likely to the least likely).

♦ History

Taking a proper history is the single most important step.
An ideal history must cover all of the following:

a. SOCRATES (for all complaints)

- **S**ite (can be ignored in certain situations such as dizziness)
- **O**nset
- **T**iming, Duration, Frequency
- **C**haracter
- **R**adiation
- **E**xacerbation and Relieving factors
- **S**everity

- **A**ssociated symptoms: pertinent clues for each one of probability, seriousness, treatability and novelty.

b. 4 Ds:

√ Disease

Previous similar attacks: including Dx and Mx
Past medical/ surgical history

√ Drugs

For the current disease
Any other drugs/Herbs
Allergy
Vaccines
Addiction

√ Diet

Appetite
Any specific diet
Current weight and significant changes
Certain diseases; celiac…
Hydration

√ Dokhan (Smoking)

Marital status
Level of education
Job
Alcohol consumption
Financial status
Insurance
Psychological status
Sexual activity
Social history
Family history and genetics
Life cycle:
(teenage until menopause)

Whole patient medicine

c. Patient centered medicine

➔ABC

- Anxiety
- Beliefs
- Concerns

➔FEFI

- Function
- Expectations (Cause of the problem AND management)
- Feelings
- Ideas

Why is the patient coming today? (An essential question in each consultation**)**

♦**Physical Examination**

- **General appearance**; mouth breathing, paleness, jaundiced, distressed…
- **Vital signs**

ℵ Temperature
ℵ Respiratory rate
ℵHeart rate
ℵ Blood pressure

- **Focused physical examination**: related to the DDx list

♦**Management plan: RAPRIOP**

Reassurance
Advice
Prescription
Referral
Investigations
Observation
Prevention

♦Patient- doctor interaction: explaining the DDx; the cause, course and available management options, and sharing all these info with the patient.

Noting that all of the above is taking into consideration patient's concerns and worries.

This is the ideal approach to Family Medicine patients

Appendix 2

Outline for Patient-centered case presentation

- In patient-centered case presentation, you need to present patient's profile followed by the chief complaint.
- Then you have to present your Pre-Diagnostic Interpretation (PDI) of that specific chief complaint (before taking your history), based on probability, seriousness, treatability and novelty.
- After that, you need to explore the HPI including illness behavior and patient-centered- medicine views explaining your patient's ideas, concerns, expectations, and possible effects of the problem. Finally, this should lead you into your list of differential diagnoses (DDx). Note that your DDx list might be different from your PDI list.
- At last, you need to come up with a specific management plan as summarized by the acronym RAPRIOP.

An example of illness behavior:
Mr. Naser is a 42-year-old teacher. He has chest pain.

- **Possible ideas**

 He may think it is from his heart
 He may think it could be a result of heavy meal
 He may think it could be (bad eye) or (black magic)
 He may think it could be trauma

- **Possible concerns**

 His main concern could be his work
 His main concern could be his image as a distinguished teacher
 He might be worried his fitness
 He might be worried about his family, what will happen to them if he died

- **Possible expectations**

 His main expectation could be just explanation and reassurance
 He may expect ECG or X-Ray or cardiac catheterization
 He may expect referral for more reassurance
 He may expect medical report or just a sick leave

- **Possible effects of the problem**

 This problem may affect him physically and prevent him from doing his daily activities
 It may affect him socially and make him isolated
 It may affect him psychologically and make him anxious and depressed

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