INTRODUCTION TO CLINICAL THINKING – PROBLEM LIST

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LEARNING OBJECTIVES:

1. List possible components of a clinical thinking problem list
2. Differentiate a clinical thinking problem list from a medical records problem list
3. Review a patient’s written History & Physical examination and identify an appropriate clinical thinking problem list
4. Articulate the rationale for generating a clinical thinking problem list

DEFINITION: WHAT IS A PROBLEM – OR WHAT CAN BE LISTED IN A CLINICAL THINKING PROBLEM LIST?

Any identifiable factor that may have a significant influence on a patient's health and quality of life is listed as a problem. A problem is more than a “medical” abnormality and may include those items, past and present, solved and unresolved, of major medical, psychological, social or economic significance. On the other hand, a problem is never a diagnostic possibility or a “rule out.” It is recorded as precisely as possible with the information available at the time of its recording. In other words, a problem may be as follows:

- A proven diagnosis—e.g., rheumatoid arthritis
- A physiologic entity or syndrome—e.g., congestive heart failure
- A symptom—e.g., chest pain
- A physical abnormality—e.g., hepatomegaly
- An abnormal lab value—e.g., elevated alkaline phosphatase
- A risk factor—e.g., cigarette abuse
An operation—e.g., subtotal gastrectomy
A psychological or social problem—e.g., unemployment or “cannot care for self”

Identifying problems is the first step in clinical thinking. It is through the elucidation and identification of problems that we begin the thought process that allows us to progress from a symptom (shortness of breath) to a diagnosis (pulmonary embolus).

Clinical thinking involves pattern recognition. We use our list of problems to allow us to group individual items and identify a pattern.

A complete list of problems prevents us from narrowing our thinking and prematurely arriving at a diagnosis.

**DEFINITION: WHAT IS THE DIFFERENCE BETWEEN A CLINICAL THINKING PROBLEM LIST AND A MEDICAL RECORDS PROBLEM LIST?**

It is important to understand the difference between a clinical thinking problem list and a medical records problem list. You will encounter medical records problems lists frequently during your training and beyond. These are documented lists consisting of patients’ known major past and current medical diagnoses. When you are writing a history and physical, your documentation of a patient’s Past Medical History is a type of medical records problem list.

A clinical thinking problem list is used only to begin your thoughts regarding an undifferentiated diagnosis. Unlike a medical records problem list, a clinical thinking problem list can contain many types of items, as discussed above; it is not limited to significant past and current diagnoses. Although we will ask you to document your clinical thinking problem lists as your write your first histories and physicals, such problem lists are usually not part of standard medical documentation.