The Diagnostic Process

Clinical Problem Solving & Whole-Person Frameworks

Department of Family Medicine | Faculty of Medicine, University of Jordan

Dr. Ruba M Jaber
Associate Prof. Family medicine
Women and Child's health specialist

01. Patient-Centered Philosophy

Shifting focus from purely organic pathology to the complexity of the whole individual.

Disease vs Patient Centered

Disease-Centered Model

Focuses primarily on the biological mechanism of illness. The core clinical goal is the search for and identification of organic disease, localized pathologies, and metabolic dysfunction.

Patient-Centered Model

Integrates whole-person medicine. It actively prioritizes exploration of the patient's individual thoughts, unique feelings, and holistic experience concerning their presenting complaints.

Evaluating Patient Context

The ABC & FEFI Metrics

A-B-C: Probe for underlying **A**nxiety, personal **B**eliefs, and direct clinical **C**oncerns.

F-E-F-I: Determine functional impact (**F**unction), expectations (**E**xpectations), emotional baseline (**F**eelings), and internal ideas (**I**deas).

Shared Strategy: Prioritizing patient autonomy, education, and shared decisions establishes meaningful clinical rapport.

02. Formulating Differentials

Strategies for generating, weighing, and organizing a robust diagnostic list in family practice.

Four Drivers of Generation

Probability

The most critical factor. Based heavily on local prevalence, epidemiological patterns, and first-hand clinical experience.

Seriousness

Life-threatening conditions (e.g., Malignant Melanoma) must be ruled out immediately, despite lower probability rates.

Treatability

Easily corrected conditions (e.g., Hypothyroidism) must rank high because simple treatment has vast clinical impacts.

Novelty

Rare diseases that can present with those symtpmos

The Safety Net

The Primary Masquerades

Always check for classic multi-system masquerades that skew standard diagnostic patterns:

- Depression, Diabetes Mellitus, & Anaemia
- Iatrogenic or Self-Abused Drugs
- Endocrine & Thyroid Dysfunction
- Spinal Dysfunction & Recurrent UTIs

The Consultation Framework

Domain	Framework Method	Core Components Included
Symptom Review	SOCRATES Checklist	Site, Onset, Character, Radiation, Associations, Timing, Exacerbations, Severity
Systemic Safety	The 4 Ds Focus	**D1:** Disease profile, **D2:** Drug history, **D3:** Diet patterns, **D4:** Dokhan (smoking/social context)
Treatment Plan	RAPRIOP Protocol	Reassurance, Advice, Prescription, Referral, Investigation, Observation, Prevention

03. Reasoning & Student Hurdles

Understanding cognitive pathways, overcoming premature bias, and balancing diagnostic uncertainty.

Two Modes of Reasoning

Inductive Method (Bottom-Up)

Starts with extensive, unfocused facts and details and moves to a general conclusion. Requires comprehensive checklists, full exams, and a battery of routine tests.

Primarily utilized by junior students for teaching purposes, but highly time-consuming.

Hypothetico-Deductive (Top-Down)

Starts with educated guesses, formulating early hypotheses based on brief primary data, followed by targeted, discriminating clinical history and exams to rule them in or out.

Highly efficient, cost-effective standard utilized by clinical practitioners.

Questions & Discussion

Building clinical competency through structured diagnosis.

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