Asking Answerable Clinical Questions

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Transparency, COI, etc.

No financial ties to industry that pose a conflict of interest

‘Off-label’? Won’t discuss

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Today’s Aims

• Consider how to ask answerable clinical questions for EBCP
• Identify barriers to their use
• Consider ways to overcome these barriers
• Have some fun!
Cycle of EBCP

Ask
Acquire
Appraise
Apply
Act & Assess
Patient Dilemma
Patient just presented:

- 67M, surgical release Dupuytrens
- (Preop platelet count 875,000/µL)
- Before discharge, arm swelling
- Tests show arm DVT above line
- Also show ‘essential thrombocytosis’
- Pt. receives treatment and recovers without further incident
‘Hoot Groups’ Task

• Groups of 2 – 3

• Identify > 1 question need to answer before decide what to do next

• Return in 3 minutes
Questions

• Prognosis of ET
• Pts w/ ET AC vs no AC reduce recur VT
• Preop AC v no AC prevent DVT?
• Who preoped this patient?
• How could we prevent this missed …\n• Will he need prophylaxis in future?
• How often are tests
More Questions

- Incidence of DVT with ET
- Are we sure about ET Dx?
- In patients with thrombocytosis, how frequently ... primary
- Duration of AC
- Difference \( \leq \) vs \( \geq \) DVT risk for \( \leq \)
10 Common Questions

- Clinical findings
- Harm/etiology
- Differential diagnosis
- Manifestations
- Diagnostic tests
- Prognosis

- Therapy
- Prevention
- Experience, Meaning
- Learning

(Not exhaustive or mutually exclusive)
‘Background’ Questions

• About the disorder, test, treatment, etc.

• 2 components:
  a. Root* + Verb:  “What causes …”
  b. Condition:  “… cystic fibrosis?”

• * Who, What, Where, When, Why, How

• ‘RVC’ = Root, Verb, Condition
‘Foreground’ Questions

- About patient care decisions and actions
- 4 (or 3) components:
  a. patient, problem, or population
  b. intervention, exposure, or maneuver
  c. comparison (if relevant)
  d. clinical outcomes (including time horizon)

‘PICO’ = Patient, Intervention, Comparison, Outcomes
Background & Foreground

Figure 1.1 Background and foreground questions.

Experience with Condition
How does it feel ... ?

To know an answer?

To NOT know an answer?
<table>
<thead>
<tr>
<th>Ready to ...</th>
<th>Feeling</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flee</td>
<td>Fear</td>
<td>Leave</td>
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<tr>
<td></td>
<td></td>
<td>Invisible</td>
</tr>
<tr>
<td>Fight</td>
<td>Anger</td>
<td>Disrupt</td>
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<tr>
<td></td>
<td></td>
<td>Undermine</td>
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<tr>
<td>Cry for help</td>
<td>Distress</td>
<td>Stop trying</td>
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<tr>
<td></td>
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<td>Body stress</td>
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<tr>
<td>Withdraw</td>
<td>Sadness</td>
<td>Inattention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Detachment</td>
</tr>
</tbody>
</table>
Emotions in Knowing

- **Satisfaction**: Self image of “knower” meets reality of “knew this”
- **Curiosity**: the wind in the sails
- **Joy**: knowing and/or learning brings benefits to others
- **“Zero gravity” or “flow”**: when learning engages the mind fully without self consciousness
Now, listen closely ...
‘Hoot Groups’ Task

- Groups of 2 – 3
- Identify > 1 question for teaching
- Return in 2 minutes
Questions

• Use the buzz group method ...
• Is he sick or not sick?
• What is pretest probability for ACS and how would test change it?
• In pts with chest pain, does 3d CT perform better than ETT for excluding acute ischemic
• What is test-no test threshold
More Questions

- Can CT angio reduce waiting time
- Why is the probability low
- Is more likely diagnosis
- Why is it
- Harm from CT angio
- Present 1 vs several persons on rounds
- How do you decide what question is
Recognizing Questions

• Listen with both ears
• Diagnose case and learner
• Compare to inner model – how it should sound
• Notice your/learner’s cognitive dissonance & other responses
• Both background & foreground
Selecting Questions

Consider:

- What is illness?
- What is role?
- What are learning needs?
- What are available resources?

Of these, select:

- Most urgent
- Most interesting
- Most feasible to answer
- Most likely to recur
Capturing ‘Q’?

• “Unsaved Q = Unanswered Q”
• Use ‘short hand’: “S3 DxT HF”
• Capture:
  – Speak: into recorder
  – Write: prescriptions, 3x5, paper
  – Keyboard: computer, PDA, etc
• Or, use diagram or chart: ‘P’ ‘I’ ‘C’ ‘O’
• Keep capture method close at hand
Following up ‘Q’?

“Educational Prescription”

- **What**: Question, Search, Evidence, Appraise, and how to Apply
- **How**: structured summary, e.g. ‘CAT’
- **When**: In time for decision …
- **Where**: In settings where we decide …
- **Who**: learners AND teacher
Why Bother? 1

- Respect learners
- Relevant to clinical needs
- Relevant to learning needs
- Improve comprehension

- Plan searches
- Recognize answers
- Awaken curiosity
- Have some fun!

- Any evidence?
Why Bother? 2

RCT: ↑ explicitness of questions

RCT: ↑ frequency of searches

Before-After Trial: ↑ precision of search

RCT: ↑ quality of search, evidence found
How long until ... ?

• Proficient? Quickly
• Mastery? Lifetime

• Human expertise takes >10,000 hours, >10 years

→Deliberate practice
“Got no time …”

• Sorry, we don’t have time to address this one …
“Got no time …”

- Acknowledge real time limits
- **Pick one thing to teach, anything, but NOT everything**
- Get past misperception – time is tight no matter whose question it is
- Takes gumption ...
- Just do it!
Questions: Take ‘Em Home

- Believe Q’s rule!
- Acknowledge emotions
- Recognize Q’s
  - Background
  - Foreground
- Select Q wisely
- Coach there!
Questions about ‘Q’?
Thank You!
Teaching with ‘Q’

• Recognize: your learners’ questions
• Select: which questions to pursue
• Guide: how to ask and answer
• Assess: how well & what to improve
Guiding or coaching ‘Q’?

• Try building up from ‘raw’ question to more complete anatomy (rather than tearing their efforts down)

• **Consider 2 stages:**
  
  • “Sounds like you’re asking a question about … (therapy, prognosis, etc.)”
  
  • “What would be the … (missing anatomy) you would want to know?”