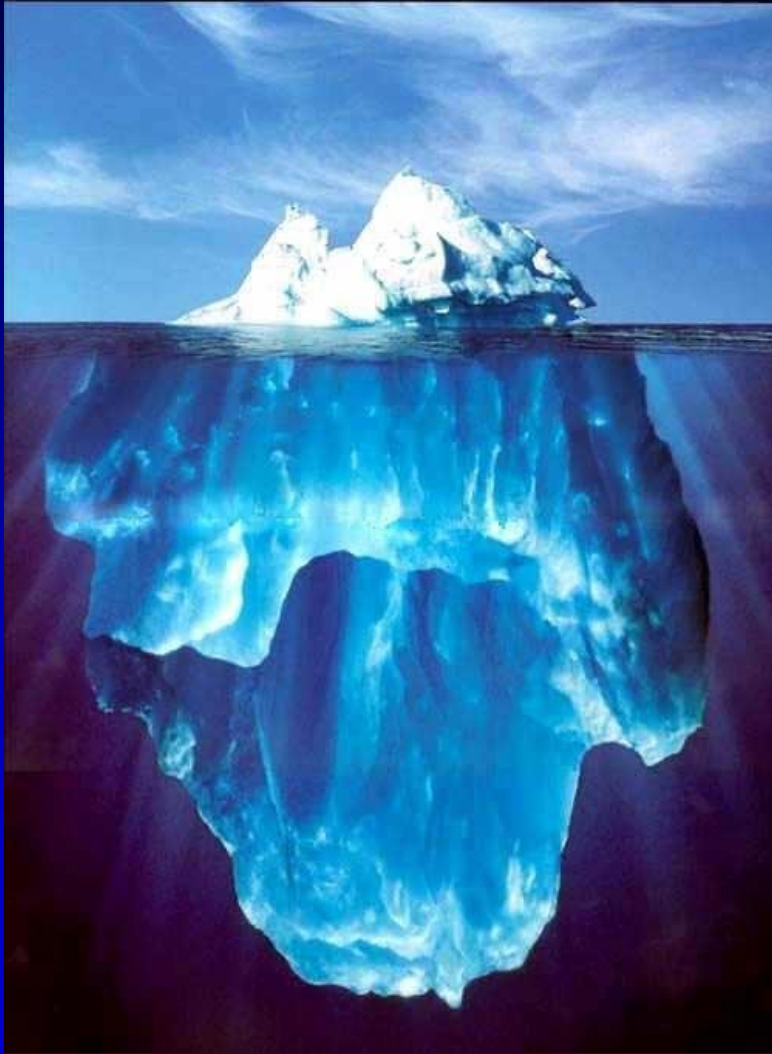


# **Asking Answerable Clinical Questions**

**Thomas G. McGinn, MD, MPH**

**W.Scott Richardson, MD**

# Transparency, COI, etc.



No financial ties to  
industry that pose a  
conflict of interest

**'Off-label'? Won't discuss**

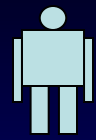
Original creators and  
publishers own image  
copyrights

# 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!**

Patient  
Dilemma

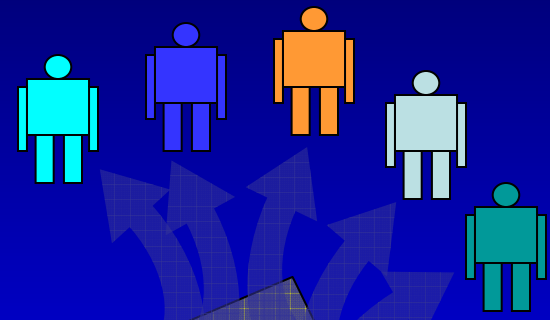


**Ask**

**Act & Assess**

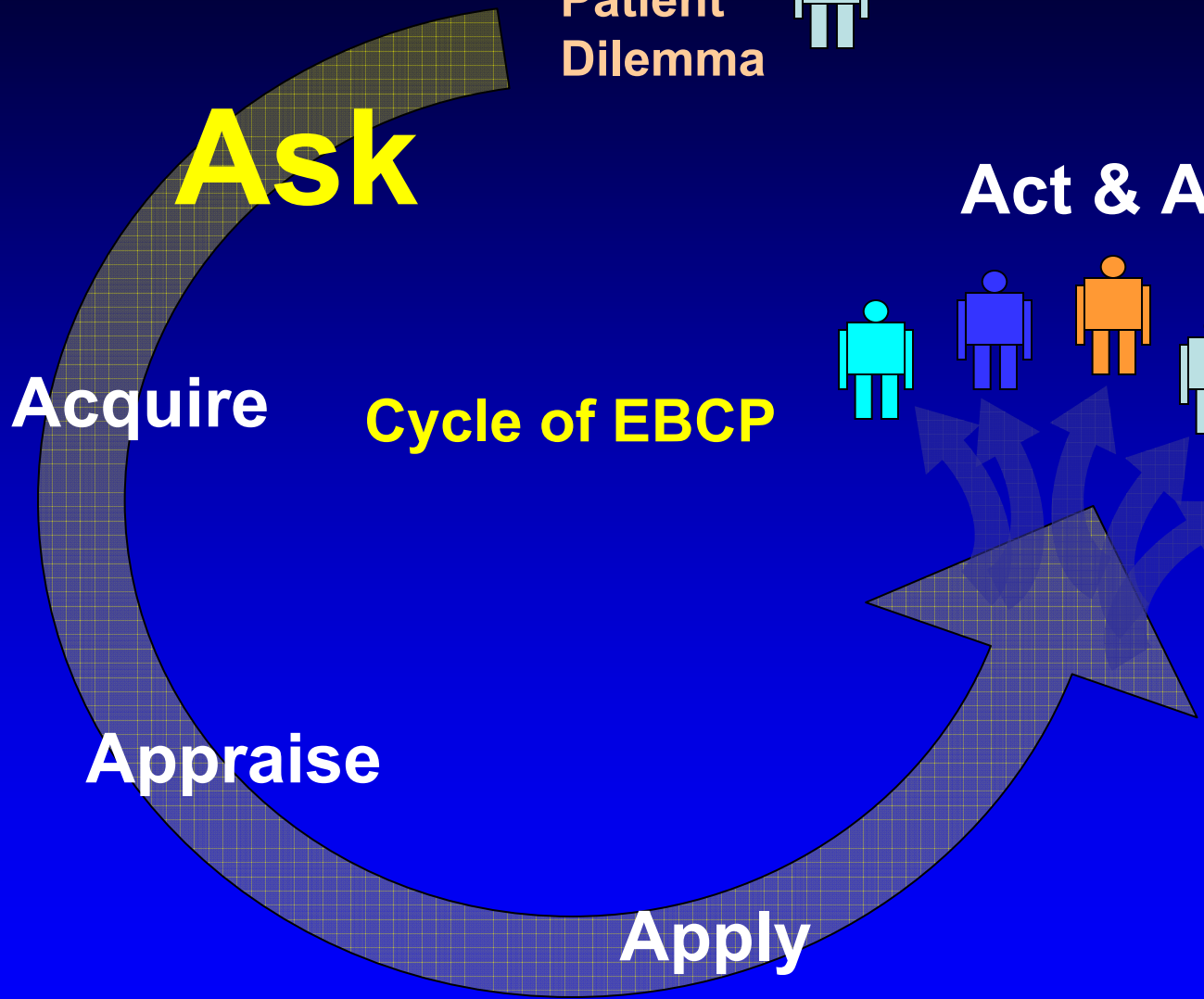
Acquire

**Cycle of EBCP**



Appraise

Apply



# Patient just presented:

- 67M, surgical release Dupuytren's
- (Preop platelet count 875,000/ $\mu$ L)
- 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 ...V
- 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 in DVT risk for \



# 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

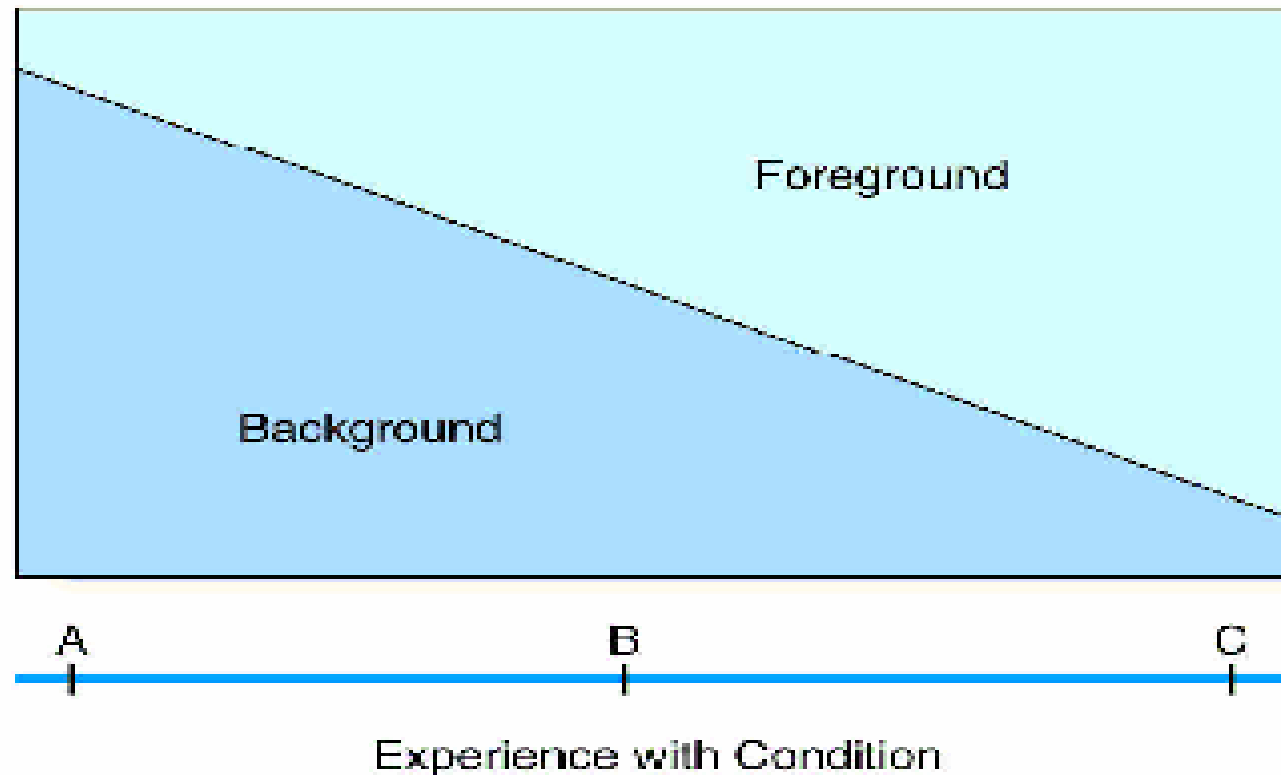
# 'Foreground' Questions

- 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.



**How does it feel ... ?**

**To know an answer?**

**To NOT know an answer?**

# Emotions in Not Knowing

<u>Ready to ...</u>	<u>Feeling</u>	<u>Behaviors</u>
<b>Flee</b>	<b>Fear</b>	<b>Leave</b> <b>Invisible</b>
<b>Fight</b>	<b>Anger</b>	<b>Disrupt</b> <b>Undermine</b>
<b>Cry for help</b>	<b>Distress</b>	<b>Stop trying</b> <b>Body stress</b>
<b>Withdraw</b>	<b>Sadness</b>	<b>Inattention</b> <b>Detachment</b>

# 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  $\mu$  low probability
- Is more likely diagnosis
- Why  $i$
- Harm from CT angio
- Present 1 v 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

*Villaneuva et al BMC MI/DM 2001; 1: 4.*

RCT: ↑ frequency of searches

*Cabell et al JGIM 2001; 16: 838.*

Before-After Trial: ↑ precision of search

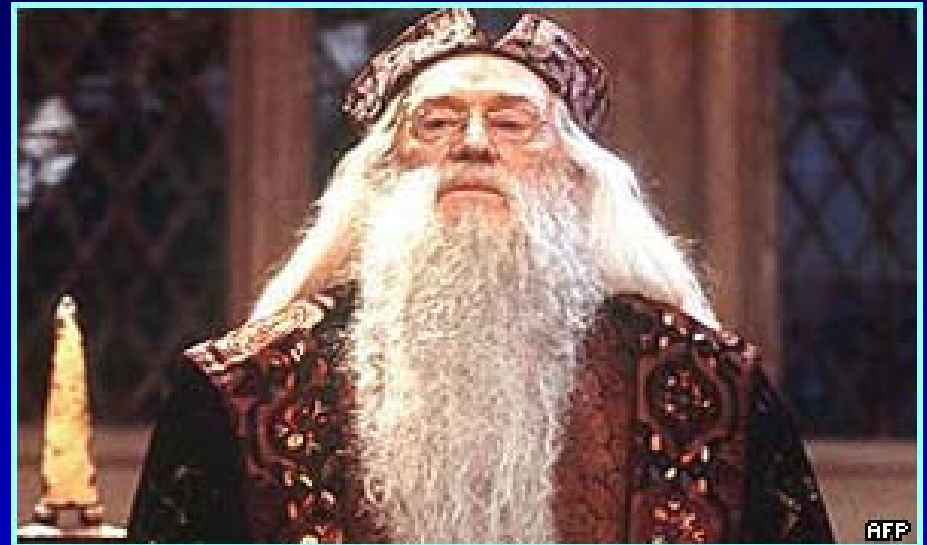
*Booth et al Bull MLA 2000; 88: 239.*

RCT: ↑ quality of search, evidence found

*Rosenberg J R Coll Phys L 1998; 32: 557.*

# 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

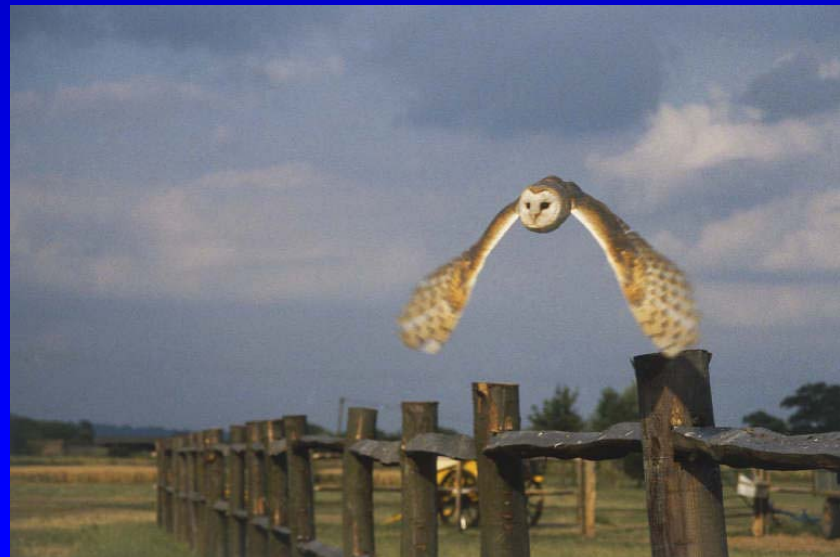
- Believe Q's rule!
- **Acknowledge emotions**
- Recognize Q's
  - Background
  - Foreground
- Select Q wisely
- **Coach there!**



# 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?”