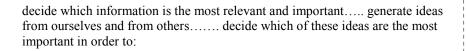
# 6 Diagnostics: Overview of the performance areas

'Diagnostics' is the second of the RDMp clusters and is made up of four domains from the competence framework, these being:

- Data gathering & interpretation
- Making a diagnosis/making decisions
- Clinical management
- Managing medical complexity

The process is not difficult to understand and briefly we can describe it in terms of a continuum of:

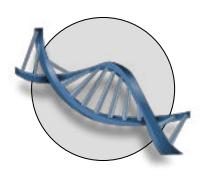
Being able to ask the right questions..... from the right people (which will include colleagues) ... gather information from questions, investigations & examinations in order to:



bring the strands together in a defensible plan

Because of our medical training, the focus of 'diagnostics' is on medical problems and clinical management. However, as GPs our problem-solving skills are applied much more widely. Therefore, the competencies that are discussed in most of this section can be transposed to non-clinical problems that crop up in any of the other areas of medical practice, for example relationship problems, management problems and issues concerning professionalism. These competencies can also be used to help us deal with problems that relate to ourselves as well as to others.

This cluster describes the heart of our clinical work as general practitioners.



The deeper features are our DNA. Although few in number, they underpin all the behaviours described in the competence framework and are described in terms of knowledge, skills, attitudes and personal qualities. The behaviours being tested in the 'Diagnostics' section are shown in the table below, where the categories indicate the degree of weighting.

	Data gathering & interpretation	Making a diagnosis/ making decisions	Clinical management	Managing medical complexity
Clinical expertise	High	High	High	Medium
Problem- solving skills	Low	High	Low	Medium
Empathy & sensitivity			Low	Medium
Organisation & planning		Low	Low	Low

The behaviours are shown in the left-hand column. We will describe these in greater detail to clarify what they are. As you read them, use the table to cross-reference them to the domains that they underpin. This will increase your understanding and help you to develop the skills you need for each area of performance. The weighting will help you here. For example, 'managing medical complexity' requires empathy and sensitivity, whereas gathering data and making a diagnosis do not.

If you are (or your trainee is) having a problem with performance in a domain, look at the underlying deeper features for guidance on where the problem might lie and therefore which behaviours need working on.

#### **Clinical expertise**

- Understanding what information is needed to make a clinical decision and obtaining/eliciting this to the appropriate degree from patients and from colleagues.
- Not overlooking important information when this arises.
- Identifying the key issues and priorities, include the impact of the main problem on other patient problems and vice versa.
- Being able to understand the problem without having to see the full picture
- Knowing which are the appropriate options particularly in relation to possible diagnoses, tests and management approaches.
- Being able to generate a wide enough range of options, particularly with diagnoses and management approaches.
- Making judgements by collating information in a systematic manner and avoiding acting hastily.
- Looking ahead and anticipating the effect that problems might have on each other. Making plans to monitor for these and thereby minimize adverse consequences.

## **Problem-solving skills**

- Showing the capacity to think analytically and work systematically
- Thinking flexibly around an issue, avoiding a narrow or dogmatic approach.
- Being able to see the wood from the trees and thereby identify the key issues
- Being able to suggest a workable outcome
- Being open to new ideas, possibilities and approaches

### **Empathy and sensitivity:**

- Showing interest and understanding, when responding to the needs and concerns of patients and team members.
- Being open and non-judgemental.
- Taking active measures to include people in discussion and to work cooperatively with them.
- Using tone of voice and body language to indicate warmth and thereby encourage people to contribute.
- Taking steps to create a safe and trusting atmosphere through language, demeanour and behaviour.

## **Organisation & planning**

- Being able to think ahead, plan and prepare, for example with management planning and clinical follow-up.
- Being able to build-in contingencies, for example clinical safety nets
- Being able to coordinate actions, monitor and set new priorities if the situation demands, for example when the unexpected happens.
- Being able to understand and work within the constraints, especially personal constraints and the limitations of the system and resources.



# Making clinical decisions

In general terms, what types of information do you feel are needed in a GP encounter to make a clinical decision? It is said that part of the GPs expertise is to *tolerate* uncertainty whereas hospital specialists aim to *reduce* uncertainty. In what ways do you agree and disagree with this statement?

When might you decide to tolerate uncertainty rather than reduce it?



#### Using probabilities

GPs need to relate their decision-making to the prevalence & incidence of disease in the community.

What information would you require about the community and about the practice in order to be able to do this?