

## Makes a working diagnosis

**Green** – Makes an accurate, reasonably deduced diagnosis (or diagnoses)

**Red** – Does not make a diagnosis, or makes a diagnosis which is either incorrect, or not justified, or based on 'fabricated' data

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### About this task

This part of the consultation is often done badly in GP consultations. In order to do well in this part of the consultation, you need to:

- Make a working diagnosis (in some cases, this might be better described as a 'formulation' or a 'restatement')
- Tell the patient what the diagnosis is (Refer to the Toolkit section '*Verbalises diagnosis and rationale*' for more information about how to do this)
- Make sure the diagnosis is correct (or as correct as is possible given the information available in the case) - this is what is meant by a 'working' diagnosis.

It's vital to get the diagnosis right!

Making a wrong diagnosis makes it very difficult to produce an appropriate management plan for the patient's problem. Many wrong diagnoses arise from *insufficient knowledge*, in particular:

- Incomplete knowledge of possible diagnoses
- Inadequate knowledge of the key diagnostic differences between diseases

Don't make your diagnosis too early!

Sometimes inaccurate diagnoses originate from illogical decision making - even when the trainee has enough knowledge, and asks the right questions, he/she reaches a diagnostic decision that is not based on the information gained. This is often because the diagnosis has been made too early in the consultation and the trainee is not prepared to revise this diagnosis as new information emerges

This part of the Toolkit relates to making the (correct) diagnosis or diagnoses. See '*Verbalises diagnosis and rationale*' for information about communicating the diagnosis to the patient.

### Audio consultations

Making a diagnosis is harder in an audio consultation than in a face-to-face consultation, because there is less information available. (no examination findings, for example, and much less information from non-verbal cues). There is greater uncertainty in an audio consultation, and sometimes the most that can be achieved may be to make a decision about whether to see the patient in a face-to-face consultation.

### Educational Activities

**Activity 1:** Review a series of your consultations. How many times do you a) make a working or 'provisional' diagnosis and b) share this with the patient?

**Activity 2:** Reflect on how not making a clear working diagnosis might affect the management part of the consultation. Discuss this with your trainer and observe how often your trainer offers a working diagnosis during their consultations. Refer to relevant sections in the Toolkit '*Verbalises diagnosis and rationale*' and '*Shares and use ICE in plan*'

**Activity 3:** Now practice a series of consultations where you pay particular attention to the importance of making and sharing a diagnosis. Reflect on how this might affect the effectiveness of the management plan.

**Activity 4:** Carry out a needs assessment of your knowledge gaps. Do this by looking at the GP Super-condensed topic guides in the GP Curriculum section on the RCGP website. (link below). A very useful book to remedy knowledge problems in diagnosis is "Symptom Sorter (Sixth Edition) by Keith Hopcroft and Vincent Forte. (2020).

<https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview/rcgp-curriculum-super-condensed-curriculum-guides.aspx>

**Activity 5:** Make sure you are seeing the right sorts of cases, based on the needs assessment above. Speak to your trainer and/or senior receptionist to make sure you get the right clinical exposure for your needs. If all else fails, get your trainer to role play the types of cases you need to see or other doctors in a peer study group, record the role play and discuss with your trainer.

**Activity 6:** Develop this routine. Whenever you see a patient who has a symptom that you are unsure about, or where you are not sure which questions to ask to clarify the diagnosis - write this down. Then afterwards (as soon as possible) read up or discuss with colleagues and hence improve your knowledge about this particular part of patient care.

**Activity 7:** Review a series of consultations with your trainer. How often is your diagnosis or diagnoses different to that reached by your trainer. Reflect on why this is happening.

**Activity 8:** Watch a consultation where you and your trainer reach a different diagnosis (it does not necessarily have to be yours) and go through the decision-making process in detail. Find out where you and your trainer diverge in decision making and reflect on this.

**Activity 9:** Now address these issues and repeat the process in 5) above. Is the gap between you and your trainer becoming less?

## Audio consultations

Review a series of your audio consultations. How sure are you of the diagnosis you have made? Do you feel less confident or more confident about diagnoses reached in an audio consultation, compared with a diagnosis reached in a face-to-face consultation?

What extra information could have increased your confidence in these diagnoses?

## Reflective Exercises

**Exercise 1:** Think about other ways of increasing your clinical exposure in weak knowledge areas. This may require you to see (for example) patients with nurses in chronic disease clinics or women health or sexual health for example.

**Exercise 2:** Do you think your patient believes and/or concurs with the diagnosis you have offered to him/her? What are the consequences if the patient does not believe and/or concurs with your diagnosis? How could you improve the success rate of patients accepting your diagnosis?

## Related interpersonal skills

Practicing and developing the following interpersonal skills will allow the task of *'Makes a working diagnosis'* to be achieved more effectively:

- Verbalises diagnosis and rationale
- Shares and uses ICE in plan

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