

THE INTEGRATED ILLNESS SCRIPT: Answering the “Why” Question in Diagnostic Reasoning

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PURPOSE

Illness scripts¹ are knowledge structures in the minds of clinicians that organize epidemiology, clinical findings, and pathophysiology of medical conditions and help physicians determine if a given patient presentation fits the pattern of typical findings for a given disease. **We propose that inclusion of basic science causal mechanisms that explain “why” a patient manifests each clinical finding will enhance clinical reasoning².** Here we describe the development of the “Integrated Illness Script” and underlying “Mechanism of Disease Map”³ as teaching and learning tools and document initial efforts toward building a library of exemplar integrated illness scripts.

METHODS

- Recruitment of six pilot school teams: basic scientists, clinicians and students - Albert Einstein COM, Case Western Reserve University SOM, Loma Linda University SOM, Philadelphia COM, University of Utah SOM, Western Michigan University SOM
- Selection of clinical conditions from nine national core clerkships
- Determination of prototypical clinical features for each clinical condition
- Description of causal mechanisms for each clinical feature
- Translation of the Integrated Illness Script into a Mechanism of Disease Map

RESULTS

- Collaborative development of best practices to create ~50 integrated illness scripts and mechanism of disease maps
- National workshops teaching people to use these integration tools to promote clinical reasoning
- Early adoption of integration tools in pre-clerkship (case-based) and clerkship (patient-care) education; students successfully creating integrated illness scripts and mechanism of disease maps with minimal instruction

CONCLUSION

The Integrated Illness Script and Mechanism of Disease Map are easily implemented to ensure the integration of basic science mechanistic understanding into the clinical reasoning process. Next steps are to continue developing exemplar scripts and testing the impact of IISs in clinical reasoning.

REFERENCES

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integration of concepts

