

A structured approach to the Clinical Decision Making (CDM) exam administered by the College of Optometrists as part of the Final Assessment

By

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Clinical decision making requires clinical judgment, inference and diagnostic reasoning. For all intents and purposes these terms are interchangeable. Watching candidates at this exam suggests that many end up simply copying everything on to a sheet of paper from the laptop screen, and have no structured approach to exercising clinical judgement and problem solving. Successful Clinical Decision Making is founded firstly on sound knowledge of the subject and in time aided by experience and clinical intuition. Thus entry level knowledge of the subjects that this exam intends to “test” including Binocular Vision, Ophthalmic Dispensing, Low Vision, Occupational Optometry, Use of Drugs, and Investigative Techniques is a pre-requisite. Then you need an ability to focus on and organise a large amount of data, identify ambiguities, determine relevancy, analyse and compare similar clinical situations/experiences you may have had and then make and explain decisions and construct logical arguments for clinical or other interventions. Using a Grand Rounds approach during the learning process is very useful in preparing for this exam. Weed¹ published proposals for a **Problem Orientated Medical Record** in 1968 and the “**SOAP**” structured approach to clinical note keeping in 1969.² Such an approach can improve clinical decision-making time and quality³ and is also regarded as very useful in presenting case reports⁴ for consistency and clarity of communication. Therefore, using the extended “**SOAP-F**” acronym as an analysis template often helps considerably with the CDM exam if used effectively.

What does “**SOAP-F**” stand for?

- Subjective:** The patient’s observations: Presenting chief complaint(s) and symptoms. Include frequency, location, onset, association, duration and severity of symptoms. Ocular history, medical history, family ocular & medical history, and social history
- Objective:** The optometrists’ observations and tests: Vision, VA, OMB, Pupils, Motility, NPC, External Eye Exam, Internal Eye Exam, Objective and subjective Rx, Accommodation, Supplementary data (Amsler, colour vision, slit lamp, fixation disparity, VFA, tonometry, stereopsis, cycloplegic exam) .
- Analysis** The optometrists’ understanding of the problem: List the diagnosis and differentials where possible for the patient and a brief explanation of why you think they should be considered in this situation. Prioritise the differential diagnoses (where applicable) from most likely to least likely.
- Plans** The optometrists’ goals, action, advice etc. List interventions and include a brief rationale of why they were chosen in this situation. All plans **MUST** include dispensing optical appliances/orthoptic exercises/ referrals/ additional tests or procedures/ patient (and family, if applicable) education/referral etc as applicable in detail.
- Follow-up** How will the optometrist monitor the implementation of the plan? How will you know if the problem is being resolved/eliminated or alleviated or

is getting worse? Are there possible secondary problems that need to be considered? Recall/review appointments?

In conclusionfor this exam... carefully select the relevant Subjective and Objective information from all the material presented on the case scenario. Based on this data develop your Assessment, Plan and Follow-up for each case using your clinical knowledge, experience and judgment. Finally consider mind mapping, which is very useful as a method of recording since it allows a view of the whole case on a single page.

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References

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