Other people have figured out best practices.

Outside of one's comfort zone.

Involves building on previously acquired skills.

Specific goals to improve some aspect of the target performance.

Uses mental representations.

Requires your full attention.

Frequent feedback with modification.

Involves building on previously acquired skills.
Hospital Medicine Mystery

Case of the week

Michael Smith
The Case

• A 53 year-old woman presents with feeling very depressed over the last 2 weeks. She states that she has mostly been staying in bed all day watching television. She stays in bed mostly because she feels weakness and fatigue.

• Discuss your approach to her problem. What additional information would you like to know?
Discuss your differential diagnosis at this point.

Like all our laboratory test, imaging studies, and physical exam maneuvers – the questions we ask have a certain sensitivity & specificity that is determined by how the question is asked and the patient’s ability to answer. You have a limit of 5 questions that you can ask this patient or his partner before he gets tired of talking to you; the questions can be asked at anytime during the patient’s work-up.
Peripheral Neuropathy
- Diabetes
- Alcohol
- Nutritional (B12)
- Guillain–Barré syndrome
- Trauma
- Hereditary (CMT)
- Environmental (toxins)
- Remote cancer
- Autoimmune
- Porphyria
- Inflammatory
- Symphisis
- TB (actually, leprosy)

Cerebral Disease
- Stroke
- PML

Spinal Cord Disease
- Multiple sclerosis
- Transverse myelitis
- Epidural tumor/abscess
- Spinal stenosis
- Spinal infarction

Anterior Horn Disease
- ALS
- Polio/Post-polio
- West Nile virus infection

Neuromuscular Junction Disease
- Eaton–Lambert syndrome
- Myasthenia gravis
- West Nile virus infection

Myositis
- Muscle disease (polymyositis)
- Viral (coxsackie virus, echovirus, flu virus, HIV)
- Opportunistic (parasites)
- Statins
- Infections (Lyme disease)
- Thyroid (hypothyroidism)
- Inflammation (DM/PM)
- Steroids

\[ \text{DO}_2 = \text{CO} \times \text{hemoglobin} \times \text{Sat}\% \]
The Case (Past Histories)

- **PMH**: Rhabdomyolysis on two separate occasions earlier in the year, current alcohol abuse, chronic pancreatitis, HTN, GERD, Neuropathy
- Her last episode of Rhabdo was in 02/2015 but more notably in 01/2014 in which CK max was 76000 and ARF with Cr of 1.9 - IVF resuscitation.
- **PSurgH**: Excision of Lumbar Spinal Cord Schwannoma 1.5 years ago, D+C and tubal ligation
- **PSocH**: T: 1.0 PPD x 35 years, E: drinks a fifth of vodka every day. Last drink was yesterday. Has never had any symptoms related to alcohol withdrawal. D: daily marijuana use, no history of IV drug use
- She lives with her fiancé and her son
- **PFamH**: none
- **All**: none
- **Meds**: Multivitamin, amitriptyline, folic acid, gabapentin, pancreatic enzymes, Lisinopril, Ativan, magnesium oxide, paroxetine, thiamine
• Discuss your differential diagnosis.
• What areas of the physical exam will you focus on? What is on your Tier 2 exam? (Make sure you know what a Tier 2 exam is)
The Case (Physical Exam)

- **Physical Exam**
  - BP 172/133 mmHg | Pulse 102 | Temp(Src) 36.7 °C (Temporal) | Resp 18 | Ht 1.676 m (5' 6") | Wt 53.434 kg (117 lb 12.8 oz) | BMI 19.02 kg/m²
  - Constitutional: She appears lethargic, malnourished and dehydrated. She appears cachectic. No distress.
  - HENT: Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. No scleral icterus (muddy sclera).
  - Neck: Neck supple. No thyromegaly present.
  - Cardiovascular: Regular rhythm, normal heart sounds and intact distal pulses. No murmur heard.
  - Pulmonary/Chest: Effort normal and breath sounds normal. She has no wheezes. She has no rales. She exhibits no tenderness.
  - Abdominal: Soft. Bowel sounds are normal. She exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.
  - Musculoskeletal: She exhibits edema (pretibial +1 and pedal +2, bilateral) and tenderness (b/l anterior tibia tender, otherwise generalized and diffuse pain over back, arms, and thighs).
  - Neurological: She appears lethargic. She displays weakness (generalized). She displays no tremor and facial symmetry. No cranial nerve deficit.
  - Skin: Skin is warm, dry and intact. No rash noted. She is not diaphoretic.
  - Psychiatric: She exhibits a depressed mood. She is apathetic. She has a flat affect.
Before you go to the lab machine, think about the differential, yes, again! Write down the labs and studies you think you’ll want before you head to the lab machine.
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- Thyroid (hypothyroidism)
- Inflammation (DM/PM)
- Steroids

**Electrolytes**
- Potassium
- Magnesium
- Calcium
- Phosphate

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