Asking Clinical Questions

Two main types of clinical questions:
1) Background
   - General knowledge about a disorder.

2) Foreground
   - Specific knowledge about managing a patient or disorder.

The ratio of background to foreground questions will change as you become more familiar with a disease. We will focus on asking and answering foreground questions.

Main types of foreground questions:
- The majority of foreground questions arise from 6 areas of caring for patients.
  a) Clinical Evidence – how to properly gather and interpret findings from the history and physical exam.
  b) Diagnosis – how to select and interpret tests.
  c) Prognosis – how to estimate a patients course.
  d) Therapy – how to select treatments.
  e) Prevention – how to screen for and reduce risk of disease.
  f) Education – how to educate the patient about disease and treatment.

The well constructed foreground question is comprised of 3 to 4 components:

P: The patient or problem being addressed.
I: The intervention or exposure. - This is very broadly defined including exposure, diagnostic test, prognostic factor, treatment, etc.
C: The comparison intervention. (not always necessary)
O: The outcome of interest. - This should be a clinical outcome important to the patient.

Examples of foreground questions:
Clinical scenario: A 45 y.o. male with poorly controlled type II diabetes mellitus and proteinuria. He presents for follow-up of his diabetes.

Diagnosis:
[In diabetics] how accurate is a [random urine protein to creatinine ratio] compared to a [24 hour urine protein collection] for [diagnosing proteinuria]?

Prognosis:
[In diabetics with proteinuria] what is the [average length of time] to development of [end stage renal failure]?

Therapy:
[In diabetics with proteinuria] do [ACE inhibitors] [compared to tight glucose control alone] [improve proteinuria]?

Prevention:
[In diabetics] does [tight glucose control] [prevent proteinuria]?

References: