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Title: Rational clinical examination: The clinical epidemiology of physical signs taught in respiratory medicine

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Body: Background: Current clinical epidemiology research defines precision and accuracy of items of clinical examination [Stone H, Mukherjee R. Evidence based clinical teaching in respiratory medicine. Proceedings of the Association for Medical Education in Europe 2007; 2: 5. (AMEE 2007: Trondheim, Norway)]. We set out to examine if doctors naturally carry out the more precise items of respiratory clinical examination from the repertory they learn as part of routine education. Methods: An online questionnaire was emailed to doctors in the Heart of England NHS Foundation trust to all grades of doctors. Results: Responses were received from 105 participants from a range of specialties and grades. The majority frequently carried out the respiratory examination as a routine with some items of high precision, although the kappa values of individual items (signifying precision) tend to correlate with items of routine respiratory examination which doctors naturally think are more useful.

Conclusion: Practising doctors tend to develop their own rational examination routine which can be improved by adding items of high precision (e.g. crico-sternal distance), which are not routinely taught. Explicit teaching of the rationale for clinical examination and the quantitative aspect of clinical reasoning based on evidence can be included in the clinical teaching of undergraduate medical students to make it relevant and useful.