Summary of "Autonomous Decision-Making" Module
National Pediatric Nighttime Curriculum Project
Written by Noemi Adame, MD   University of Texas Health Science Center San Antonio

PBAR*: **P**roblem Representation

- Identify Key Features of the history
    - Trigger "illness scripts" (networks of knowledge or "filing cabinets" of clinical information
    - Focus on issue that requires inpatient treatment
- Abstract Qualifiers
    - Examples: flaccid/spastic, high-grade/low-grade, acute/chronic, firm/soft, recurrent/discrete
    - Transform patient-specific details into abstract terms
- String the key feature abstractions into 1-3 sentences to formulate a problem representation

P**B**AR: **B**ackground

- Review of Systems
- Past Medical History
- Social History
- Family History
- Physical Exam including Vital Signs
- Laboratory Data
- Radiographic Data

PB**A**R: **A**nalysis

- 2-3 most likely diagnoses
- You may generate a longer DDx, but eliminate the ones that do not fit the patient's age and presentation
- Rank the differential diagnosis
- Compare and contrast the diagnoses
- Address clinical progress (i.e., improving, deteriorating, stable etc)
- Do not: repeat the history or clinical findings
- A single diagnosis is acceptable if the case does not represent a diagnostic dilemma
- Remember ROWS (Rule-out Worst Case Scenario)

PBA**R**: **R**ecommendations

- Diagnostic goals/management
- Therapeutic goals/management
- Prioritize issues that can wait until morning and those that need immediate attention
- Identify issues for self-study based on evidence
    - Perform quick literature searches on diagnoses or problems that are new
- Address discharge goals and discharge criteria

*The PBAR framework was developed by Mary Ottolini, MD by modifying the SBAR (Situation, Background, Assessment, Recommendations) model