Clinical-Pathologic-Conferences (CPCs) date back to at least the 1920s. They are a well-established teaching tool. It is important to understand what they are about and what your expectations and responsibilities are in these exercises.

Originally, the conference consisted of a case, which was presented to a clinician, who would then use his (this was the early part of the 20th century and there were few women physicians and they probably wouldn’t be asked to participate because of a bias against them) clinical knowledge to discuss the findings and come up with a diagnosis. Since the patient usually died of whatever the illness was, the pathologist would describe the autopsy findings and reveal the diagnosis. The clinician would appear brilliant if he “got it right”, or might be thanked for his discussion if his diagnosis was wrong. There sometimes were key pieces of information left out of the case presentation, especially if they wanted to make the clinician look less than excellent. Obscure cases were favored to make it a real challenge.

Times and purposes have changed.

The CPC has become a major teaching tool. Its main purpose is to explore a differential diagnosis suggested by key information in the case. For example, if the patient presented with the sudden onset of fever and abdominal pain, and lab tests showed an increased white blood cell count and abnormal liver function tests, your differential diagnosis might consist of problems causing an acute liver injury. The other information in the case might help you sort out the possibilities, which could range from infections, such as acute hepatitis, or acute inflammatory problems, such as pancreatitis or cholecystitis, or maybe tumors or even more obscure possibilities.

We ask you to read the case and come up with a differential diagnosis, and then pick which one you think is most likely. As you go through medical school and beyond, your ability to form a differential diagnosis improves.

In the class setting of a CPC, a discussant is identified who prepares in advance a discussion of the case and the differential diagnosis. This is the key point of the exercise. It isn’t whether he or she gets the right answer; it’s the discussion of the differential diagnosis presented in a clinical context, which is a powerful teaching tool. You should look at it as an example of how to identify the key points and turn them into a differential diagnosis. Again, whether the final diagnosis is a common or rare illness isn’t important; it’s the thought process of deciding what the options are and why which is the main teaching point of the exercise. The “pathology” presented after the differential diagnosis discussion is now rarely an autopsy. It might be a biopsy or a test result. But it is the bit of information that confirms the diagnosis. Sometimes treatment or follow-up information is also given at the end of the case.

I hope you enjoy the CPC and learn from them. As you get into year 2, you’ll find they can help with Step I preparation.

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