Osler said that “Medicine is a science of uncertainty and an art of probability.” Family physicians routinely encounter symptoms of uncertain significance. Experienced physicians understand that it is impossible to anticipate every situation, recognize every symptom, and be certain of every treatment. However, students may find this breadth of possibilities daunting and may be deterred from pursuing primary care careers.

When I was a resident presenting a puzzling case to a wise mentor, he shared with me the mental process that he went through when faced with uncertainty about a patient’s symptoms. I have thought about this process many times through the years and have developed a mnemonic for this advice using the names of the fingers (Figure 1). It may be a useful structure to assist learners who are struggling to cope with uncertainty.

**Thumb:** Threat or emergency? The first question to ask oneself is whether the situation requires an immediate intervention. Most of the time, the answer is no. For example, a recent United Kingdom study of patients presenting to their general practitioner (GP) with a new headache complaint identified only a 0.15% incidence of malignant brain tumor. If there were no “red flag” symptoms and the GP could ascribe the symptoms to a primary headache syndrome, the rate dropped to 0.045%.

Most pains resolve spontaneously. Frequently, listening attentively to the concern, performing a careful exam, and explaining why we don’t think something is worrisome will reassure the patient. Our relationships with patients over time and trust that we have accumulated from them is important in this equation, as is the patient’s level of anxiety over the concern.

**Pointer finger:** People? Helpful persons can be medical consultants, social workers, community agencies and resources, or a colleague or a student. A conversation about people as team resources can be a great way to discuss with students the role of the physician in the Patient-centered Medical Home model.

**Middle finger:** Medicine? Monitoring? Is there something we can try? This may be an over-the-counter or prescription medication, topical therapy, ice or heat application, home monitoring system or log, behavioral change, or a relaxation technique. In all thera-

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**Figure 1**

Mnemonic for Use of the Fingers

1. Thumb = Threat
2. Pointer = People
3. Middle = Medicine, Monitoring
4. Ring = Radiology
5. Little = Laboratory, Look it up

From the School of Medicine and Public Health, University of Wisconsin.
pies, the benefit should outweigh the risk. Symptom logs can assist patients and clinicians in assessing response.\(^7\)

**Ring finger: Radiology?** Imaging tests may be needed to make a diagnosis or rule out a serious condition. Most imaging tests are relatively safe, but they should be used judiciously, since they are expensive; Computerized Tomography adds additional concerns about radiation exposure.\(^8\) Doing tests without a specific reason may lead to incidental and unrelated findings that cause further anxiety and unnecessary invasive testing.\(^9\)

**Little finger: (1) Laboratory?** Similarly (to radiography), are there lab tests that could help to make or rule out a diagnosis? Even a seemingly innocuous blood draw, however, is at a minimum painful for the patient and can lead to a cascade of further testing. It is important to make sure that you know what you will do with the results before you order the test.

(2) **Look it up.** Patients generally respond favorably to an offer to research their problem, ideally using point-of-care search tools, or to look it up and get back to them with your findings.\(^10\) This strategy role models lifelong learning for our students.

The uncertainty inherent in family medicine may be a factor in selection of our field. A frequently asked question from students is “How do you keep current with medical advances?”\(^11\) reflecting the high-achieving learners’ desire to master their subject. By providing a structured approach to undifferentiated symptoms, this mnemonic may reassure students that “knowing everything about everything” is less important than knowing how to care for every patient.

**Acknowledgments:** Thanks to Dr Bill Dralle for the sage advice that has stayed with me for 2 decades.

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