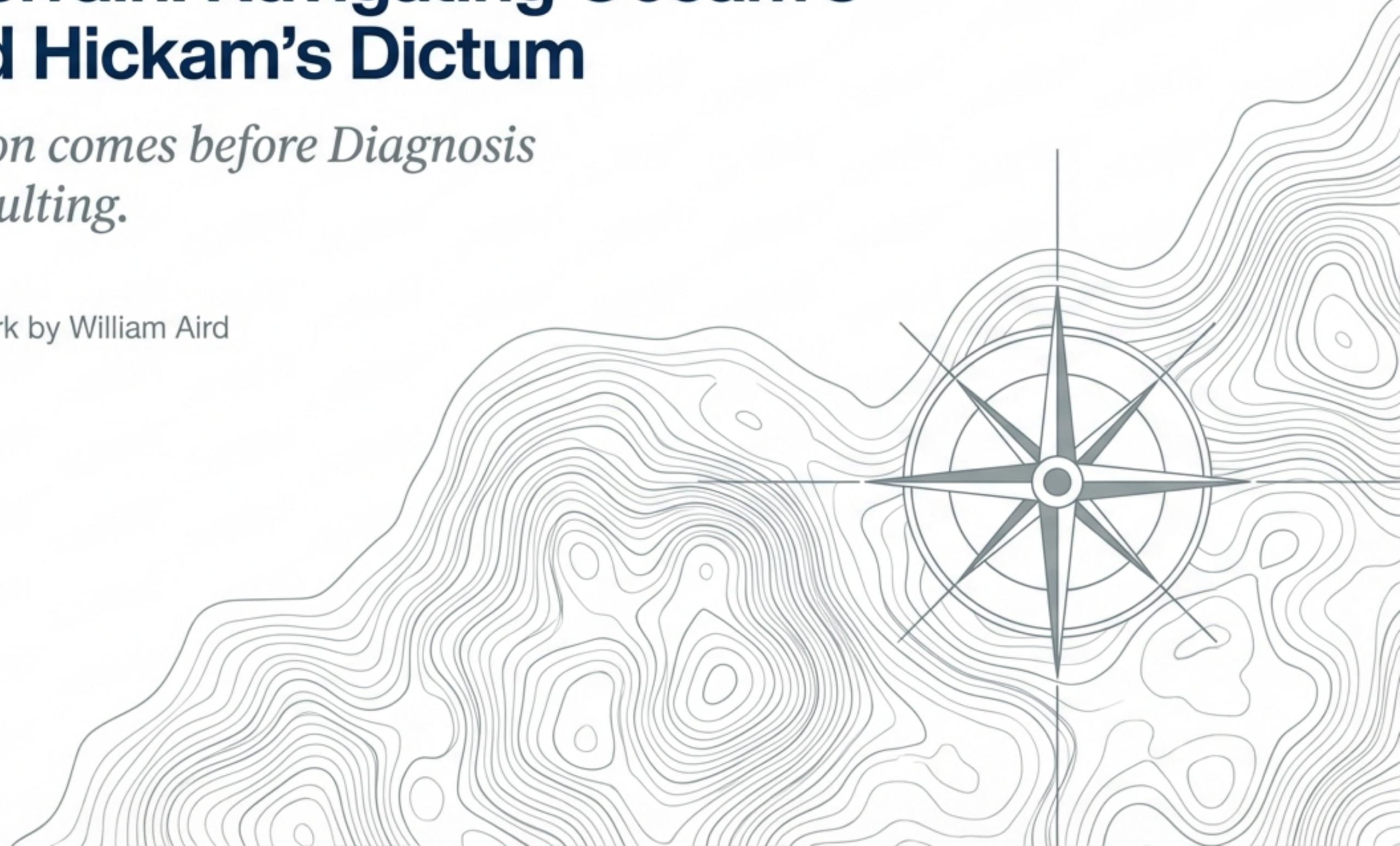


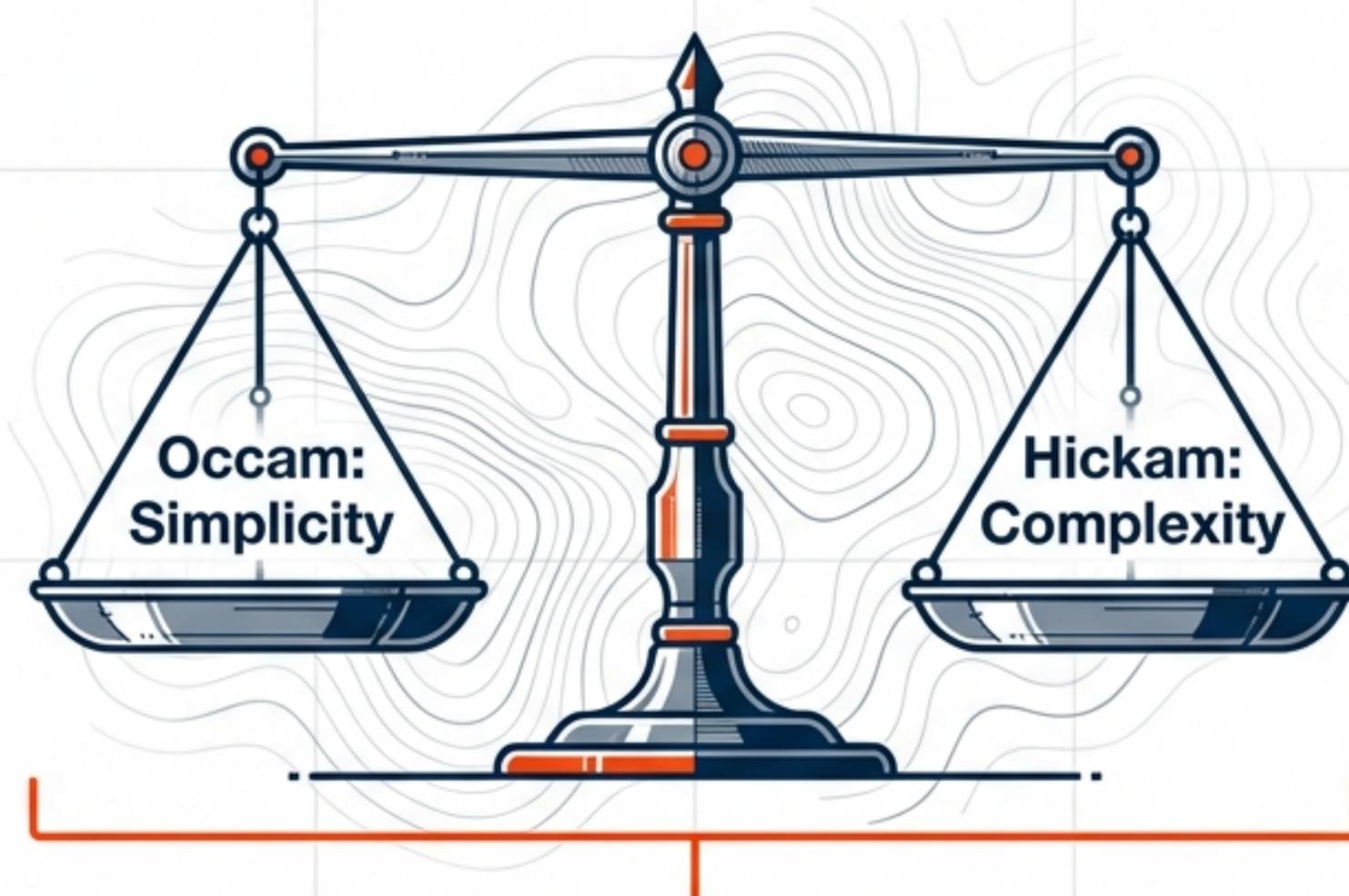
Clinical Terrain: Navigating Occam's Razor and Hickam's Dictum

Why Orientation comes before Diagnosis in Expert Consulting.

Based on the framework by William Aird



The False Choice: Philosophy vs. Personality



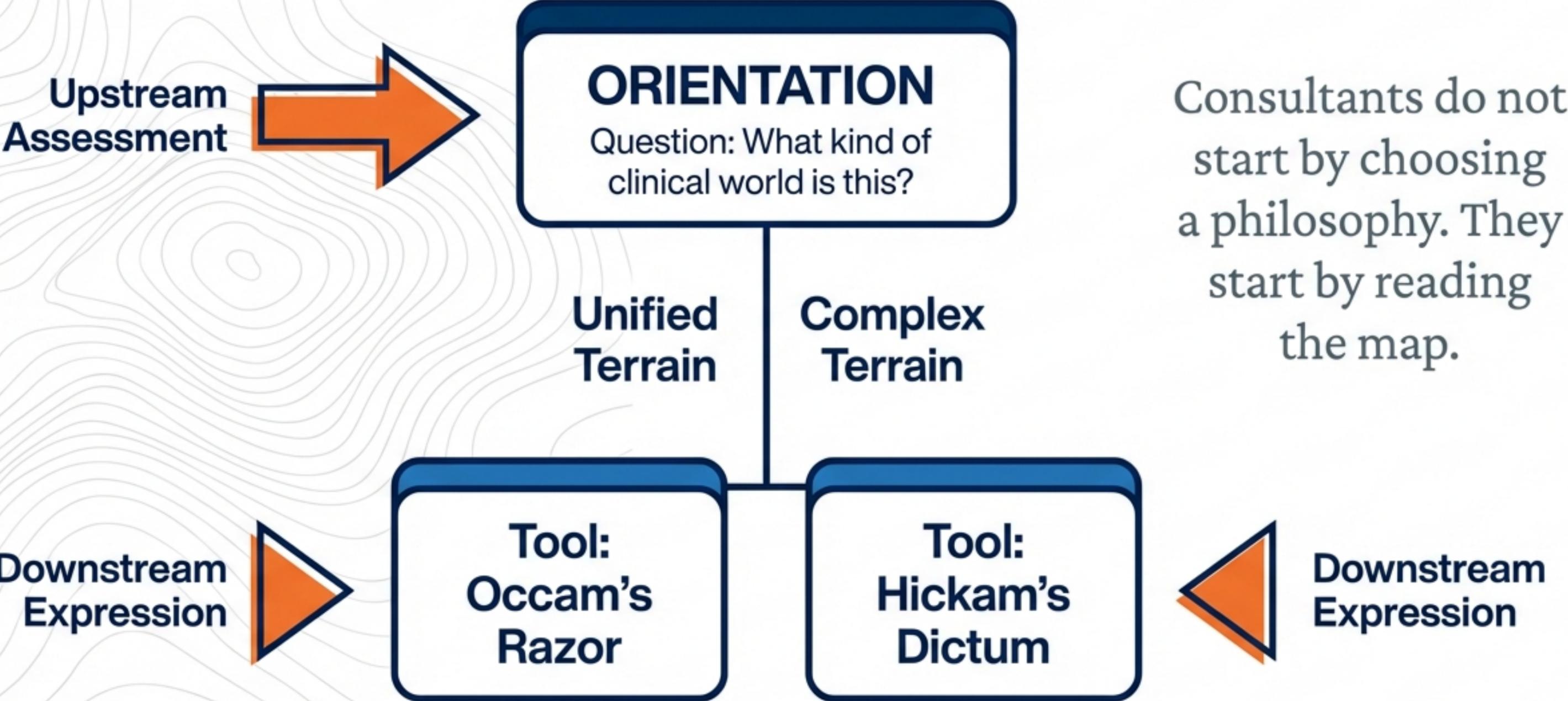
The Problem

Medical education often presents these as competing slogans or personal styles. Trainees feel forced to identify as “an Occam person” or “a Hickam person”.

The Reality

In expert practice, neither principle is inherently right or wrong. Viewing them as personality traits is a fundamental reasoning error.

The Missing Step: Defining the World



Variables of the Clinical Terrain

Before diagnosing, consultants define the problem space using these five environmental variables.

Danger

How hostile is the terrain?

Uncertainty

How much ambiguity is safe?

Physiology

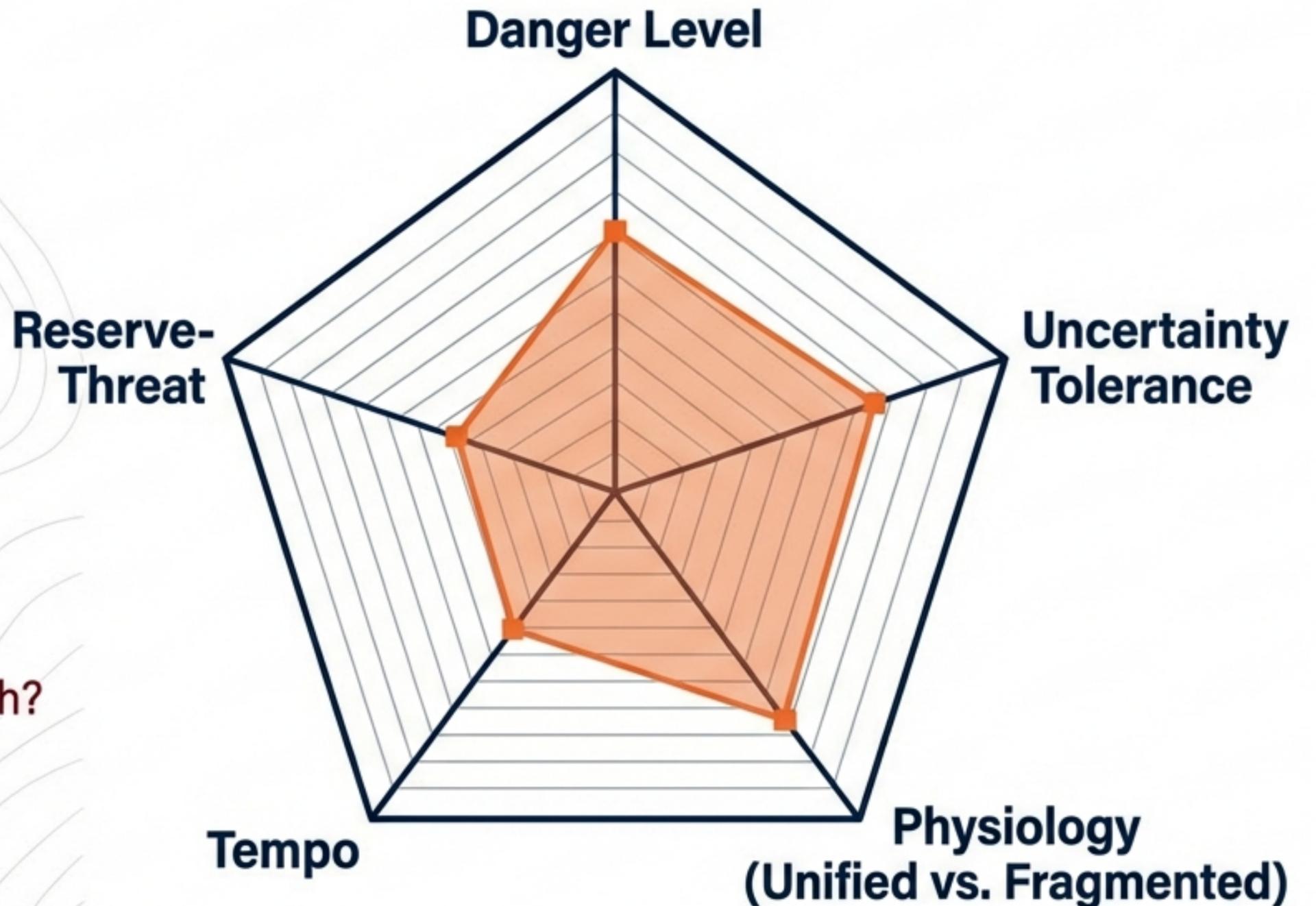
Is the mechanism single or multiple?

Tempo

Does speed favor narrowing or breadth?

Reserve-Threat

Is deterioration hidden?



Terrain Type A: The Unified World

Concept: Occam's Razor is a safety posture earned by terrain that supports unification.

Terrain Characteristics

- Single catastrophic physiology (e.g., TTP, Massive PE)
- Tightly coupled processes
- Rapid tempo with dominant danger

The Risk: In these terrains, breadth is dangerous. Failure to unify misses the central threat.



Terrain Type B: The Multi-Process World

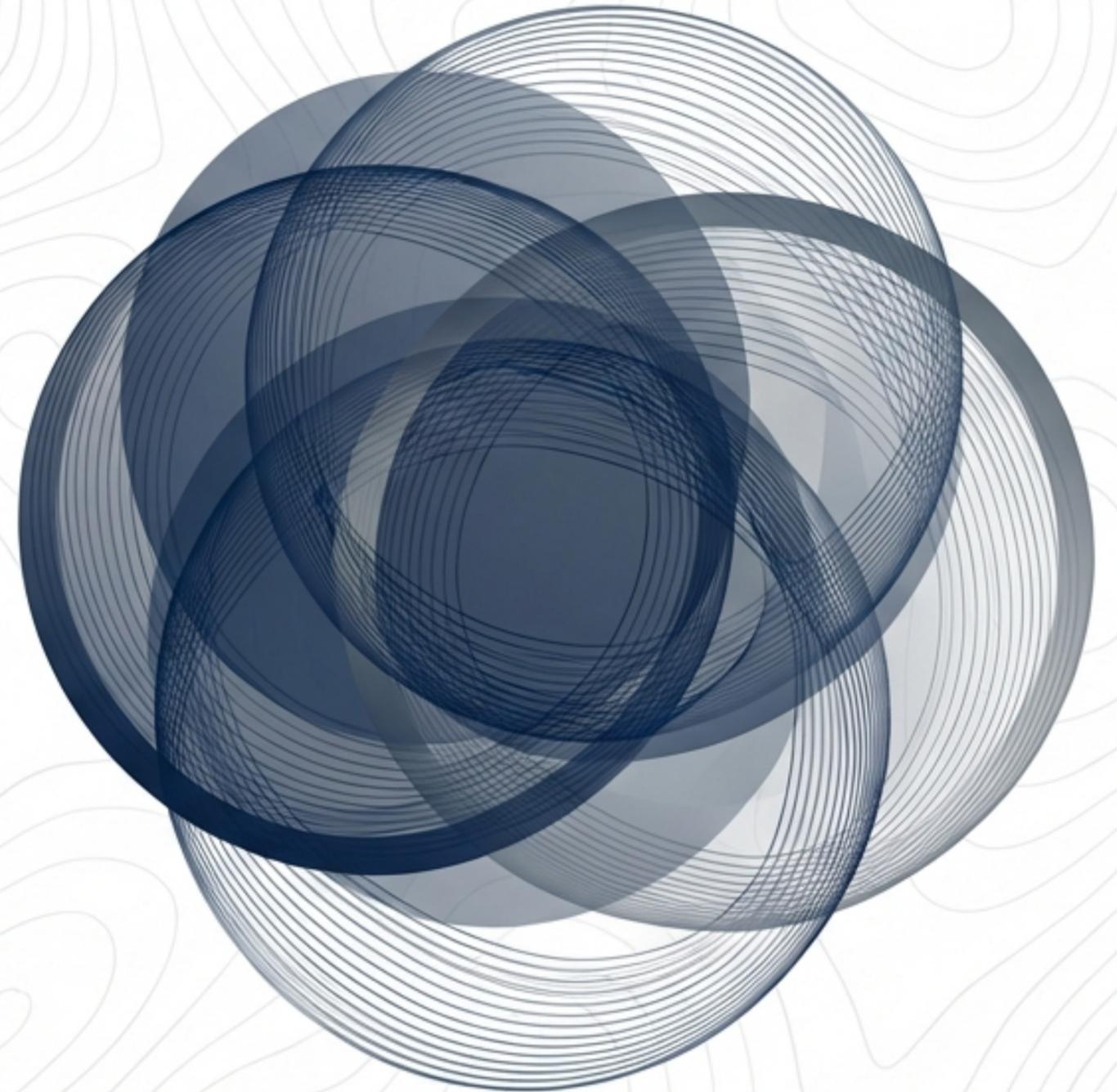
Concept: Hickam's Dictum is a protective posture for terrains that support overlap.

Terrain Characteristics:

- Multiple insults & mixed medications
- Coexisting chronic + acute physiology
- Reserve-threat states (e.g., frail elderly)

The Risk:

In these terrains, forced unification is dangerous. The patient is not in a single-disease world.



Posture Selection Guide

OCCAM POSTURE	HICKAM POSTURE
Trigger: Unified, Time-Sensitive Terrain	Trigger: Mixed, Reserve-Threat Terrain
Action: Orientation narrows the terrain.	Action: Orientation broadens the terrain.
Thinking: Assigns weight within a narrowed world.	Thinking: Assigns provisional weight across categories.
Safety Principle: Narrowing is safe; breadth is risky.	Safety Principle: Breadth is safe; premature closure is risky.

The Cognitive Framework



ORIENTATION
(The Belief)

Informs



THINKING
(The Weighting)

Answers: “Is this likely unified or fragmented physiology?” Defines the boundaries of the map.

Answers: “What is the diagnosis?” Assigns probabilities based on the boundaries set in Step 1.

If Orientation is wrong, even elegant reasoning fails.
Without Orientation, Occam and Hickam are just slogans.

Execution: Making the Posture Visible

Expert consultants use language to align the team's uncertainty tolerance. These are Terrain Declarations.

“This looks like a single unifying physiology that explains the pattern. We should treat this as one process until proven otherwise.”

Signal for Escalation

“This likely represents overlapping processes. We should hold multiple contributors in parallel and let trijectory clarify.”

Signal for Vigilance

Correcting the Educational Instinct

The Teaching Error

Debating: “Is this Occam or Hickam?”

Leads to posture errors: premature unification or unnecessary fragmentation.



The Reframing

Asking: “What kind of terrain am I in?”

Leads to correct tool selection: Occam for unified speed, Hickam for complex reserve.



The Consultant's Compass



Tools, Not Rules

Occam's razor and Hickam's dictum are not competing philosophies; they are context-dependent tools.



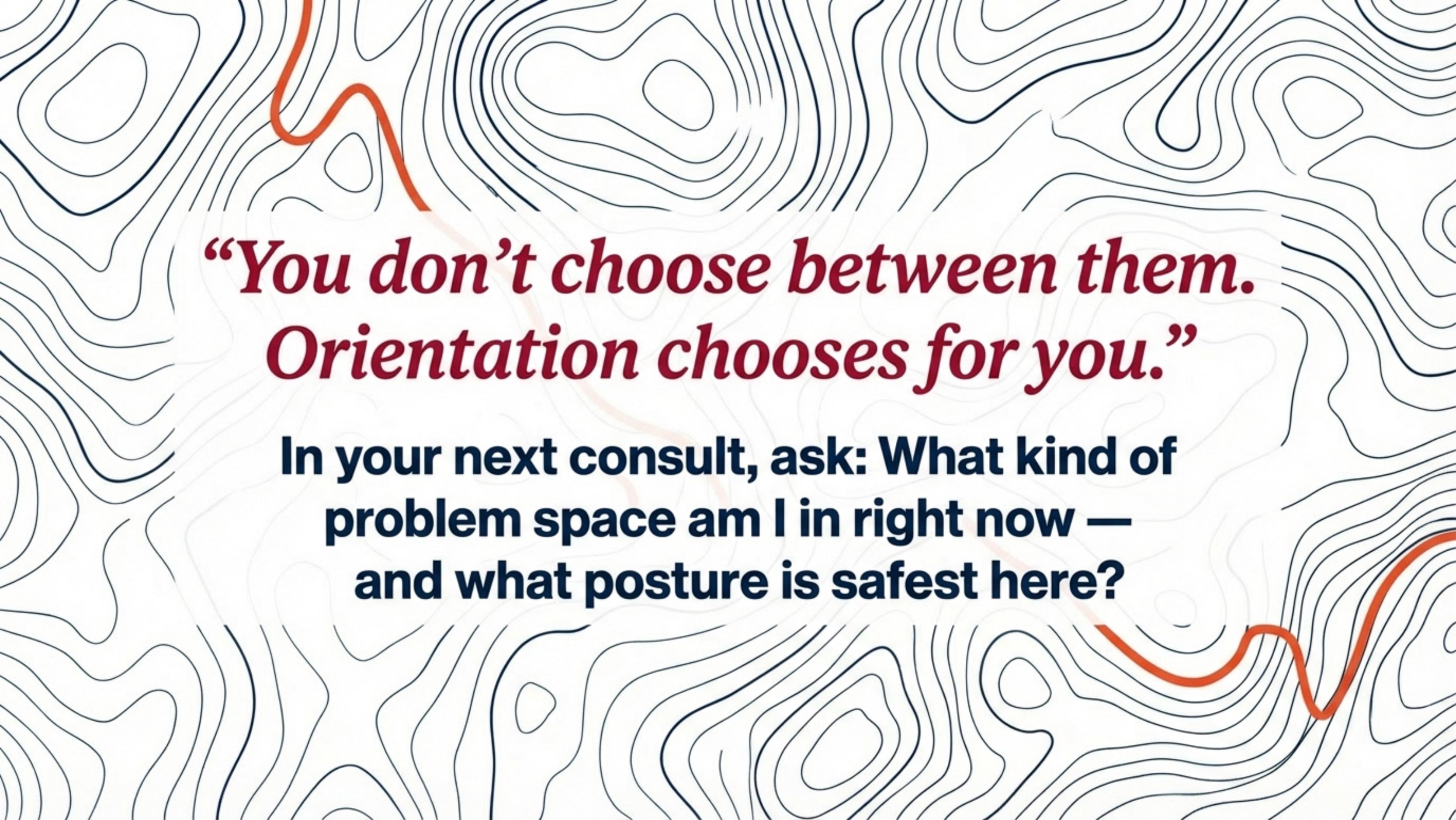
Orientation First

Orientation defines the clinical world (Unified or Multi-Process); Thinking populates it.



Visible Posture

Execution requires using specific language to signal the terrain and safety requirements to the team.

The background is a topographic map with black contour lines. A thick red line traces a path across the map, starting from the top left, curving down and right, then curving back up and right towards the bottom right corner.

***“You don’t choose between them.
Orientation chooses for you.”***

**In your next consult, ask: What kind of
problem space am I in right now —
and what posture is safest here?**