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In some ways, at this stage in the evolution of medical science, the notion of critical thinking and decision-making (CTDM) might feel almost redundant. Surely, with the advent of increasingly sophisticated technology, the need for human cerebral input might become less rather than more. Take, for example, the case of a patient with undifferentiated abdominal pain: A detailed history and physical examination, coupled with laboratory and plain x-rays will yield a sensitivity of diagnosis in the order of about 50%, whereas a computed tomography (CT) scan delivers a sensitivity of over 90%. Why should clinicians even bother struggling with the formal process of collecting