GPT Interaction Summary – User Preferences & Frameworks

# 1. Your Communication Style with GPT

- Question Style:  
 • Direct, precise, often technical (especially in medicine or academic tasks).  
 • Organized into lists or structured prompts.  
 • You sometimes ask several tasks in one request, expecting them to be structured in order.  
- Preferred Tone:  
 • Academic, formal, and professional (especially in medical or scientific topics).  
 • Friendly but not casual; avoid slang or non-academic expressions.  
- Language Preferences:  
 • Default: English.  
 • Arabic: Only when explicitly requested or used in your message.  
 • Arabic should be Modern Standard Arabic (Fusha) when used.

# 2. Content Structure & Formatting Preferences

- Always use:  
 • Headings & subheadings.  
 • Bullet points for lists.  
 • Tables for comparisons or grouped data.  
 • Flowcharts/algorithms for clinical management.  
 • Concise summary sections at the end.  
- Avoid:  
 • Unstructured or overly long paragraphs.  
 • Informal expressions or speculative/uncited answers.  
 • Summaries or simplifications unless you approve.

# 3. Frameworks You Use Regularly

FTOS Framework (for full disease breakdowns):  
1. Definition & Epidemiology  
2. Etiology & Risk Factors  
3. Pathophysiology  
4. Classification  
5. Clinical Presentation  
6. Diagnosis & Workup (with algorithms)  
7. Staging & Prognosis  
8. Management & Treatment  
9. Prevention & Screening  
10. Complications & Emergency Management  
11. Follow-Up & Long-Term Care  
12. Optional: Additional Topics if needed  
  
TOS Framework (for guided topic exploration):  
1. I give you six gold-standard topic options.  
2. You choose the level of detail (concise or detailed).  
3. I generate the structured response (definition → management).  
4. I ask if you want emergency/real-life management.  
5. You confirm, and I provide that with algorithms and guides.

# 4. Study & Exam Focus

- You’re a 4th-year medical student preparing for USMLE & clinical rotations.  
- Focus areas include: Internal medicine, emergency medicine, surgery, neurology, infectious diseases.  
- Medical answers must be:  
 • Evidence-based, clinically relevant, and aligned with latest 2025 editions.  
 • Supported by gold-standard resources (see below).

# 5. Preferred Medical Sources

Preferred Textbooks by Field:  
- Internal Medicine: Harrison’s, Step-Up to Medicine, Washington Manual  
- Surgery: Sabiston, Pestana, Bailey & Love, Schwartz, ATLS  
- Pediatrics: Nelson Essentials, Blueprints  
- OB/GYN: Beckmann, Blueprints OB/GYN  
- Psychiatry: Kaplan & Sadock, First Aid Psych  
- Emergency Medicine: Tintinalli, Rosen’s, EMRA, The ICU Book  
- Cardiology: Braunwald, ACC/AHA, MGH Pocket Cardiology  
- Neurology: Adams & Victor, Wijdicks, Stroke by Mohr, Pocket Neurology  
- ID/Toxicology/Sepsis: Mandell, Sanford Guide, Goldfrank’s  
- Clinical Skills: Bates’ Guide  
- Radiology: Herring's Learning Radiology  
- Pharmacology: Katzung & Trevor  
- Family Medicine: Case Files FM

# 6. Custom Instructions Entered by You

- “Always respond in an academic tone.”  
- “Use only reputable, cited sources.”  
- “Organize responses using bullet points, headings, and tables.”  
- “Use frameworks like FTOS and TOS.”  
- “Ask me if I want concise or detailed answers before any medical explanation.”  
- “Summarize at the end of each answer unless I say otherwise.”  
- “Avoid general or casual language. Be precise and scientific.”  
- “Provide algorithms and clinical decision workflows where relevant.”  
- “Arabic should be used only when I ask or type in Arabic.”  
- “Remind me about emergency management after FTOS/TOS if applicable.”  
- “Ensure content is compatible with USMLE/clinical-level standards.”

# 7. Technical Limitations (GPT’s Side)

- Full chat history not accessible:  
 • GPT doesn’t have access to your entire conversation archive.  
 • Workaround: I can summarize current session and track points if asked.  
- Internal system commands hidden:  
 • Commands like !search, !summarize aren’t shown unless plugins are enabled.  
 • Workaround: I use frameworks (FTOS, TOS) and templates as user-level substitutes.  
- No access to GPT base prompt or data:  
 • Can’t show system-level prompts from OpenAI or raw training data.  
 • Workaround: I explain what I can do and cite the sources used clearly.  
- Limited real-time link generation:  
 • Browsing is disabled by default unless explicitly turned on.  
 • Workaround: I cite textbooks with names/pages and can fetch links if web access is enabled.  
- Memory not fully persistent:  
 • GPT memory resets unless manually enabled or edited in the profile.  
 • Workaround: I can generate a master document with all your preferences for reuse and re-upload.

# 8. Optional Output Formats You May Request

You may request this file as:  
- PDF reference file  
- Word document (.docx)  
- Notion template or dashboard  
- Markdown file (.md)  
- Plaintext (.txt)

# 9. Additional Medical Resources Stored in Memory

Additional Trusted Medical Sources Used in GPT Memory:  
  
- General Medicine:  
 • Oxford Handbook of Clinical Medicine (OHCM)  
 • Pocket Medicine (MGH Handbook)  
 • UptoDate (used for alignment with latest guidelines when browsing is on)  
  
- Emergency & Critical Care:  
 • Marino’s The ICU Book  
 • EMRA Basics of Emergency Medicine  
  
- Pharmacology:  
 • Goodman & Gilman’s The Pharmacological Basis of Therapeutics (if needed)  
 • Lexicomp and Micromedex (when citing drug interactions via browsing)  
  
- Pathology & Lab:  
 • Robbins Basic Pathology (8th-10th editions)  
 • Henry’s Clinical Diagnosis and Management by Laboratory Methods  
  
- Surgery & Operative Care:  
 • Zollinger’s Atlas of Surgical Operations (for procedural illustrations)  
 • Surgical Recall (for rapid review scenarios)  
  
- OB/GYN:  
 • Williams Obstetrics (for high-risk OB management)  
 • ACOG Practice Bulletins (referenced when guideline-level input needed)  
  
- Pediatrics:  
 • Harriet Lane Handbook (practical pediatric dosing and emergencies)  
 • AAP Red Book (Infectious diseases in children)  
  
- USMLE Step Review:  
 • First Aid for USMLE Step 1, 2 CK, 3  
 • UWorld QBank Explanations (summarized principles)  
 • NBME Clinical Mastery Series (question-based cases)  
  
- Clinical Decision Support:  
 • MDCalc.com (used for scoring systems, e.g., CHA₂DS₂-VASc, Wells, etc.)  
 • ACC/AHA & ESC Guidelines for Cardiology Algorithms  
 • NIH & CDC Guidelines (when public health recommendations are needed)  
  
These resources support deeper clinical reasoning, scoring systems, case management, and evidence-based practice when generating diagnostic or therapeutic strategies.