Clinical Reasoning in General Practice

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Introduction

- General practice is both challenging and stimulating
- Every day GPs deal with many types of people with undefined illness
- Patients in community rarely fit into textbook disease patterns
- Complex reality of dealing with patients with multiple concerns and various medical issues

LOBS

- To understand the nature and context of General Practice
- To recognize the differences between General Practice and hospital medicine
- To understand the basic principles of the Art of Clinical Reasoning within the context of General Practice
- To understand the importance of working differential diagnoses and red flags

The Art of Clinical Reasoning

- Information gleaned from GP consultation
- Focus on history and examination
- Build on previous knowledge of patient and family
- Identify the reason for the patient's decision to consult
- Nature, effect, ideas, concerns, expectations
- Focused examination , consider red flags
- Interpret findings and develop working diagnoses
- Appropriate investigations, treatment and follow up

The Specialty of General Practice

- *General practitioners/family doctors are specialist physicians trained in the principles of the*
- *discipline. They are personal doctors, primarily responsible for the provision of*
- *comprehensive and continuing care to every individual seeking medical care irrespective of*
- *age, sex and illness. They care for individuals in the context of their family, their community,*
- *and their culture, always respecting the autonomy of their patients. They recognise they will*
- *also have a professional responsibility to their community. In negotiating management plans*
- *with their patients they integrate physical, psychological, social, cultural and existential*
- *factors, utilizing the knowledge and trust engendered by repeated contacts. General*
- *practitioners/family physicians exercise their professional role by promoting health, preventing*
- *disease, providing cure, care, or palliation and promoting patient empowerment and self-management.*
- *This is done either directly or through the services of others according to their*

Special Features of General Practice

- The Clinical Iceberg 75% self care
- 1 in 4 health problems present to GP
- 1 in 10 problems are referred
- 60% of problems in GP –minor ,self limiting
- 25% chronic disease
- 15% acute potentially serious conditions
- Roger Neighbour- GP the art of managing uncertainty

Compare Primary and Secondary Care

- Structure-small registered population, direct access, huge variation, ill defined
- Function- responsible for all problems, lew technology, continuity, common problems, cost effective
- Attitudes-triple diagnosis, time as a tool, anticipatory care, patient autonomy, dr.-patient relationship, care and support
- CUM SCIENTIA CARITAS

Categories of Consultation Competencies Frazer 1994

- Interview/history taking
- Physical examination
- Problem solving
- Behaviour-relationship with patient
- Anticipatory Care
- Record Keeping

Details of Consultation Competencies

- History taking 83% of diagnosis-introduce yourself,put patient at ease, establish rapport, open questions, verbal and non verbal cues,triple diagnosis, appropriate use of time,use silences,triple diagnoses, check patient understanding, negotiate management plan, RAPRIOP, modify health seeking behaviour, anticipatory care, recognize own limits, patient centred

RAPRIOP

Reassurance

Advice

Prevention

Refer

Investigation

Observe

Prescription

Hypothetico-deductive Method of Problem Solving 1978 Estein

- Presenting information from patient, plus that already known
- Provisional list of diagnostic possibilities
- Test selective information gathering
- Rank and interpret available information
- Confirm evidence through medical examination
- Diagnosis, management decision and outcomes

Steps in diagnostic Process

- Waiting room- access to records previous knowledge of patient
- Verbal and non verbal behaviour
- Triple diagnosis
- Acute/chronic (big or little sick)
- Selective questioning, gather information
- Vital to take a good history

Ranking Appropriate Diagnostic Possibilities

- Probability-most likely cause
- Seriousness-life threatening serious conditions, disastrous consequences of delay in diagnosis
- Treatability-not to be overlooked-e.g.myxoedema
- Novelty-personal experience, rare but interesting
- Most and less likely

Diagnostic Difficulties

- I don’t know what is wrong but it is not serious
- High degree of uncertainty, knowledge base and patient perspective
- Unwarranted fixation, premature closure, rule out syndrome avoid
- Clarify pivot symptom e.g. if pain-SOCRATES onset, character,site, intensity, radiation, associated features, alleviating and exacerbating features

Checklist

- Triple Diagnosis-physical, psychological,social
- Surgical sieve-cong. acquired,traumatic, infective, inflam. Metabolic, haematology,degenerative, psychological, iatrogenic
- Systems-CVS,Rs,GIT,CNS,GU,Skin,MSK,Haem
- Anatomy-skin, muscle, bones, pleura, lungs heart, stomach

Time as a Tool

- Wait and see approach low probability of disease
- Has patient got disease-yes, no ,not sure
- Time-avoid overdiagnosis, overadmission, overinvestigation, overtreatment, health seeking behaviour
- Febrile children traffic light system
- Voltaire-task of clinician entertain patient while nature takes its course

Safety Netting- Neighbour 1987

- Outline likely course of illness to patient
- If deviation from course, deterioration or new symptoms review
- Primum Non Nocere

Key Points

- Primary task is to discover what is wrong with the patient
- Have a framework for formulating diagnoses
- Diagnostic probabilities depend on clinical content, nature and duration of symptoms and type of person who suffers them
- Marinker 1976-It is the quality of the thinking and not the quantity of the facts that is lively to lead to the resolution of clinical problems

Thank you

- Write a Reflection on the Art of Clinical Reasoning in General Practice

- Reference: Clinical Cases Uncovered

  General Practice

  Storr, Nicholls, Lea,Leigh and Mc Main

  Wiley Blackwell