History taking, patient examination, communication, diagnosis

Scheme of patient treatment

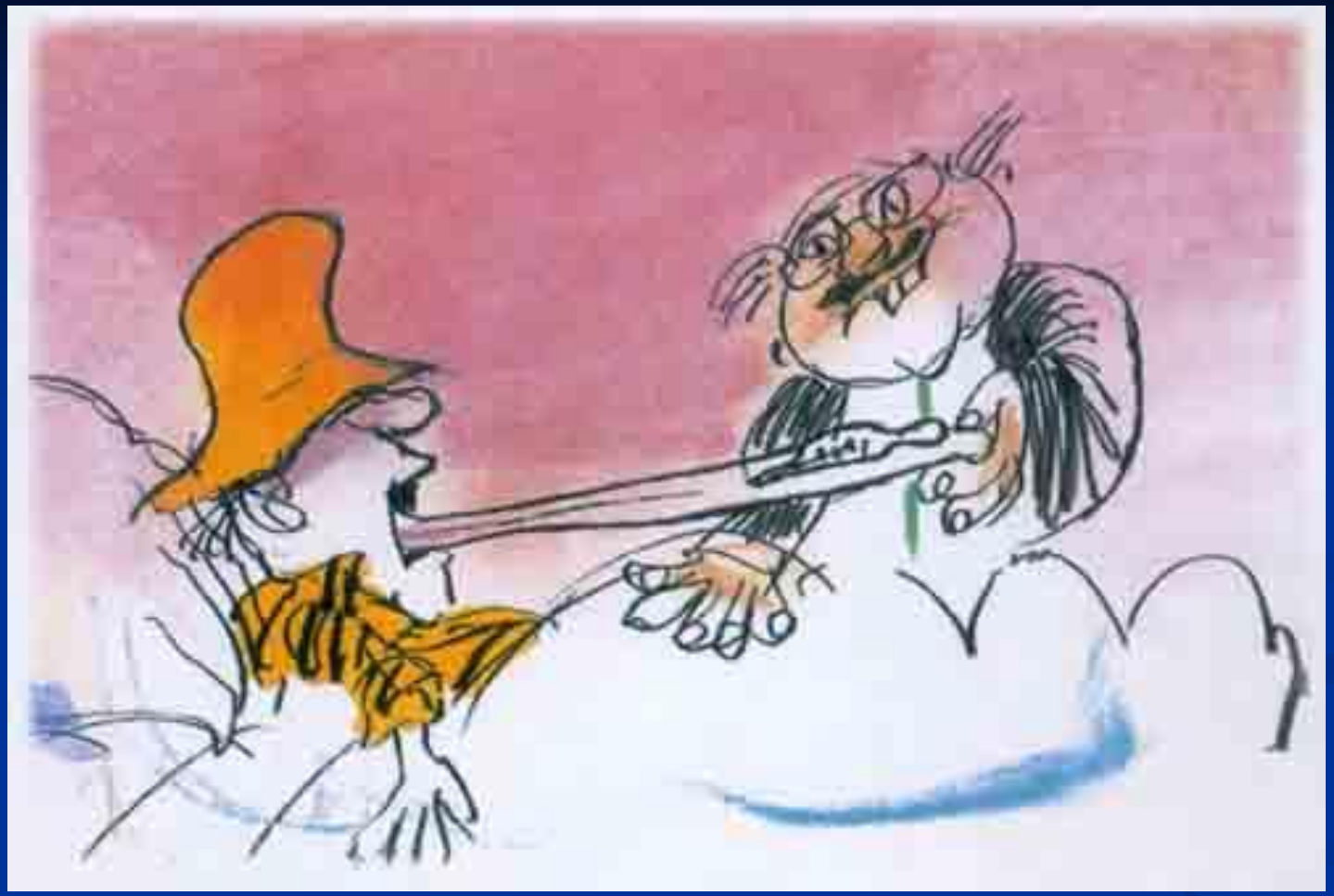
1. ‘Conversation’
2. History taking
3. Physical examination
4. Additional diagnostic tests
5. Diagnosis
6. Treatment plan and its discussion
7. Therapy
8. Follow-up
9. Long-term follow-up

‘Conversation’

- We present ourselves
- Chief complaint, why the patient came to us
- Foundation of the doctor-patient relationship
- Foundation of trust
- In the meantime: observation (of course the patient observes us as well)

Medical history - anamnesis

- ’ανάμνησις = remembering, recalling memories
- ‘Good anamnesis, half diagnosis’
- Constituents: a **history of present illness**, history of past illness, current conditions (dental and general), review of systems, **allergies (drugs and else)**, **current medication**, family history, social history of diseases
- Methods:
  - Listen to what the patient has to say (language, coherence, simulation, dissimulation, …)
  - Clarify important points
  - Ask what the patient has not mentioned
  - Some up gained information
- Dental practice: quite variable (type of institution, type of care given, etc.)



Physical examination

Examination

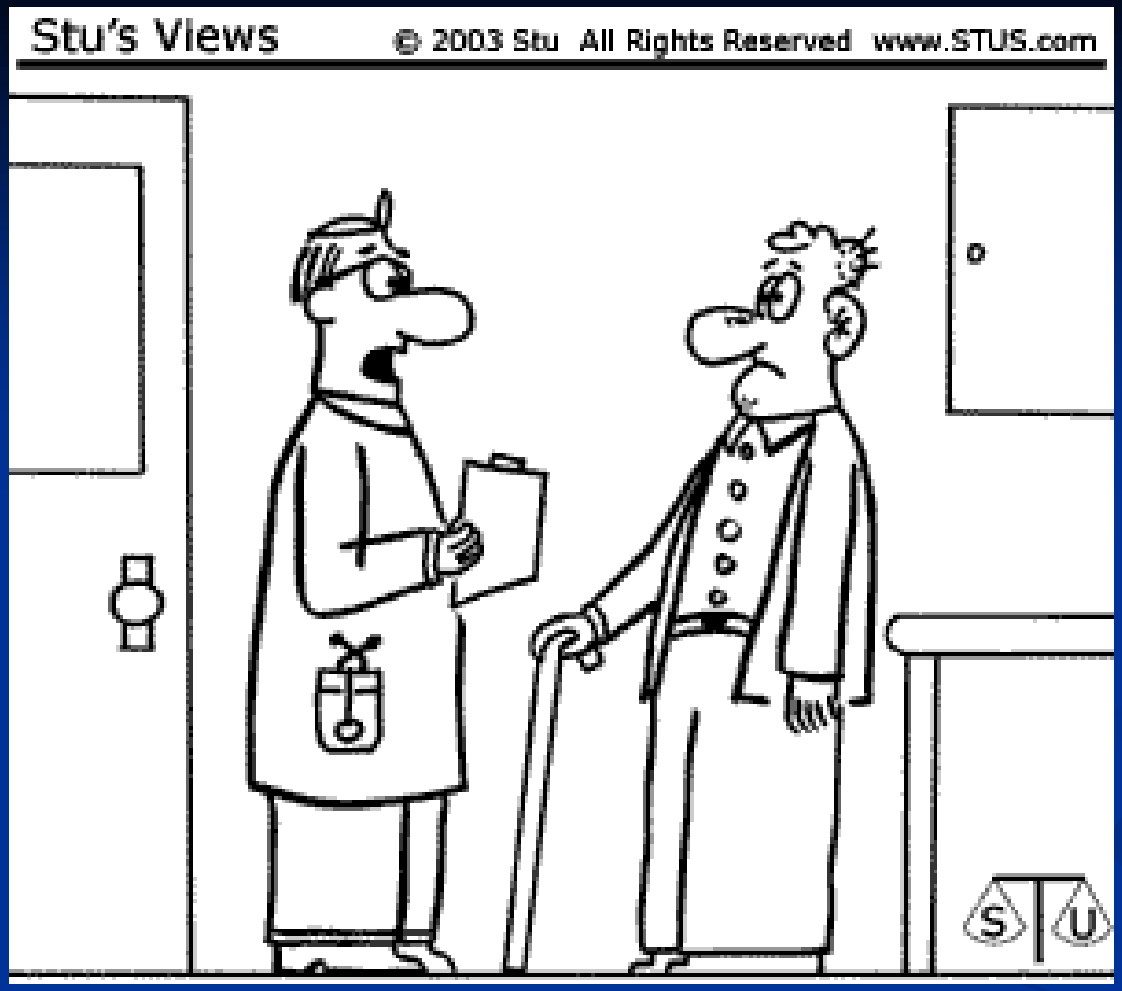
- By the time you begin to examine the patient you have an ‘idea’
- Physical examination comes first!
- General – head and neck, mouth
- Stomatooncological screening!
  - Every extra- and intraoral soft part must be inspected and palpated
  - Upon the first examination and every six months
- In practice you cannot examine ‘everything’
- Be systematic to avoid ‘leaving out’ important things

Diagnostic algorithm

- An algorithm is a list of well-defined instructions for accomplishing some task.
- It is also a way of thinking (being systematic, answers to the question why?)
- The more information there is, the fewer possible diagnoses there are (or should be)
- Diagnostic hypothesis (1-3-5), evaluation of the hypothesis, modification
- Differential diagnosis: common vs rare, dangerous vs not, time factor

Diagnostic thinking 1.

- The personality, training and thinking of the doctor is important, too.
- Decision making models
  - linear: findings that confirm the hypothesis are weighed positively, negative results negatively
  - Bayes' formula: the hypothesis changes at every acquisition of new data
  - algorithmic: mental checklist



Mr Smith! I have no diagnosis for you. I am stuck. Unfortunately we shall have to wait for the autopsy results.

Diagnostic thinking 2.

	Well trained	Badly trained
Assured doctor	Has a strong hypothesis Chooses the right method Asks for help from few people Makes diagnostics short Decides well in emergencies	Has a weak hypothesis Uses many methods Asks for help from many Makes diagnostics long Makes bad decisions in emergencies
Non assured doctor	Uses many hypotheses Test everything Asks everybody Makes diagnostics long Loses time in emergencies	Has no good idea Tests without a purpose Asks for irrelevant help Makes no decisions Does not recognize emergencies

Szirmai Imre: Valami ideg. p. 138.

Diagnostic thinking 3.

- An example:

45 year-old man, with a big swelling on the left side of his face involving his lower eyelid	Inflamamtion (abscess, phlegmone), tumour, traumatic injury, allergy, developmental anomaly
Complaints started 3 days ago, general condition good	If so (maybe not) then tumour and developmental anomaly are out
At first it hurt a lot, not any more	Allergy is out
He did not suffer physical assult, did not fall, but had fever	If so, trauma is out
A broken root in position 26, the fornix of the vestibule is filled with a fluctuating, soft mass	Probably purulent inflammation
Periapical lesion on the OPG	Odontogenic inflammation
	Maxillary abscess

Additional diagnostic tests

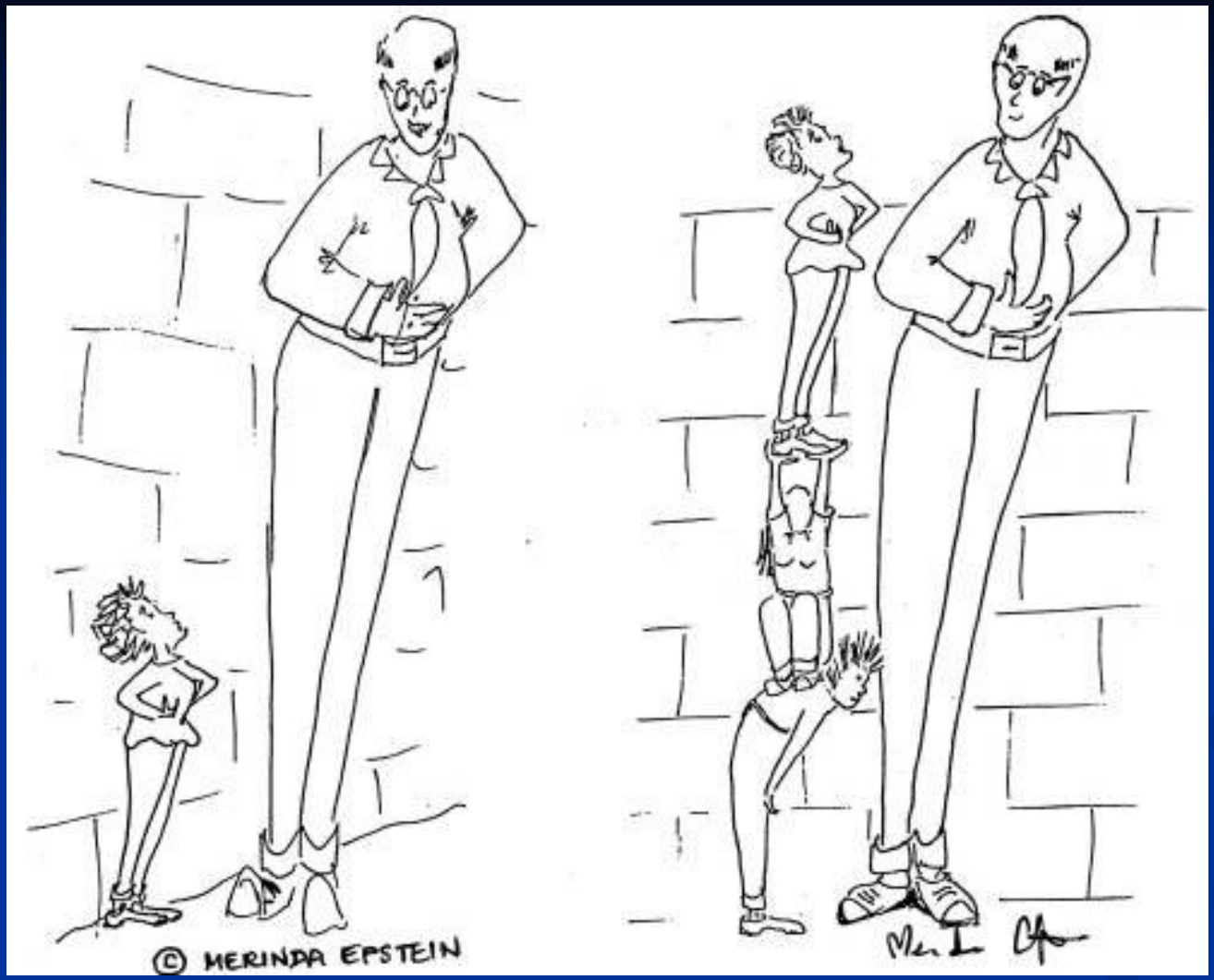
- Diagnostic imaging and lab tests are not there to make up for the doctor's lack of knowledge!
- A test should help find the answer to a specific question
- Communication – consultation: the radiologist, lab specialist, etc. can only answer a specific question, they will not tell you what is wrong with the patient
- Diagnostic protocols
- A good test is
  - Not invasive
  - Cheap
  - Easily accessible
  - Gives a definite result

Diagnosis

- Διάγνωσις = differentiation, decision, remark
- the end of diagnostic thinking (?). Systematic review of the gathered data and drawing a consequence from them. It is the test of the diagnostic hypothesis. (If it does not fit: think again, if it does: go to therapy)
- Diagnosis at first sight ('Blickdiagnose')
- Two illnesses in one

Treatment plan

- It has to be made at least in your mind
- Often it is good to have a written one
- Rational treatment planning (what why)
- Rational order of treatment
- No treament on order



Doctor-patient communication

Discussion of the treatment plan 1.

- General principles:
  - Speak in a way the patient would understand
  - Do not be condescending
  - In detail but not too much
  - Say the truth
- Diagnosis
- Prognosis
- Treatment options (method, time, side effects, refusal of treatment)

Discussion of the treatment plan 2.

- Written material, if available (plan, offer)
- Does the patient have a question?
- Time to think
- Consent
  - The patient is entitled to full information in a way understandable to him. Act 1997/CLIV 13. § , 1.
  - Question of incapacitation (child, etc.)
  - Informed consent
  - In writing
- Exception: emergencies (necessary here as well, but briefly)

Treatment

- If personal and material conditions permit it
- May be urgent or planned
- Causal or symptomatic
- Curative or palliative
- Afterwards instructions, advice (in writing if possible), medical report
- Diagnosis ex iuvantibus

Follow-up

- Control
  - Conventional times: 1-3-7-14 days, 1-3 months, half a year, one year
  - but! It can be different. May be twice daily or even more often.
- Biology does not function according to working days.

Long-term follow-up

- Important especially in chronic disease eg. periodontitis, tumour, etc.
- Prevention of recurrence, exacerbation

Documentation 1.

- Every doctor-patient meeting has to be documented, because
  - You cannot remember everything
  - Another doctor (replacement, on duty) or nurse also has to have access to information
  - Information has to be accessible later (check-up, legal proceedings)

Documentation 2.

- Forms of documentation: hospital chart, patient sheet (card), computer system, patient diary
- Has to contain:
  - Personal data (name, maiden name, mother's name, address, phone, e-mail, insurance data (TAJ, EU card, etc.)
  - Time of the meeting (date + hour, minute)
  - Circumstances of the meeting (office, home, ambulance brings him, accompaniment, etc.)
  - history (CAVE!)
  - Signs and symptom, present condition
  - diagnosis (old – new)
  - Course of present illness
  - Therapy
  - Financial data

Documentation 3.

- Patient sheet can be added to continuously, can be stored, for outpatient care
- Hospital chart: inpatient institutions, new one on every admission
  - data
  - diagnosis
  - therapy
  - history
  - Present status
  - Course of illness (decursus morbi)
  - mesocrisis
  - epicrisis

Documentation 4.

In Hungary

Patients are entitled to

a) be informed about handling of data concerning their treatment,

b) be informed about data concerning their treatment,

c) Be able to consult their medical documentation and get a copy of these at theis own cost,

d) get a medical report when leaving an inpatient institution,

e) Get a written evaluation of their medical data at their own cost.

Act CLIV of 1997. 24. § , 3.

Documentation 5.

- Abundant documentation is always (private office, hospital, street, etc.) important, because
  - That is the law
  - It keeps the record of the case (later medical report, legal action, etc.)
  - Protects the patient
  - Protects the doctor

Thank you for your attention!