Course 3.
The particularities of the family medicine consultation
The peculiarities of diagnosis in family medicine

CONSULTATION IN FAMILY MEDICINE

Consultation in family medicine is a complex medical act in which the doctor, patient and / or legal supporters and supporters participate, respecting professional secrecy (confidentiality). The consultation should be based on a system of communication and relationships between doctor and patient in both directions.

It should aim at:
• solving the patient's problems by elaborating and carrying out examinations and investigations
• data recording
• issuing the medical documents necessary to solve the case.

I. The aims of the family medicine consultation are:

#Discovery of patient problems
#Establishing the nature of these problems
#Establishing their history
#Discovering the causes of these problems
#Establishing the patient's opinion on the disease
#Establish the context in which the symptoms appeared
#Finding solutions for healing
#Involving the patient in solving problems
#Optimal use of time and resources

II. Factors that influence the quality of consultation in FM

1. the doctor - the personality of the doctor, his training, competence, involvement, giving, responsibility and his behavior
2. the patient
• responsible or not for his health, related to
a. self-awareness, self-discipline,
b. socio-professional and cultural status,
c. resources, etc.
3. Society and health policy
• its interest in the health of members, reflected in national health policies
• the health policy is capable of determining fundamental behavioral changes both among the members of the society, through active and conscious

participation in maintaining their own health, as well as the medical body, in order to make sustained efforts to restore the health of its patients.

4. The doctor-patient relationship is very important because family medicine consultation is a complex act, involving both the doctor and the patient / family (children, parents,)
• the information must circulate in a double direction.
• the doctor-patient relationship is conditioned by
• the patient's fidelity generated by the trust in his family doctor,
• by the personality of the doctor,
• knowing the patient,
• differentiated understanding of the problems of each patient,
• respect for its patients,
• accessibility and promptness,
• the continuity of medical care,
• orientation in the network of medical specialties.

III. Consultation at the family medicine cabinet

1. Ensuring the technical-material conditions:
 ensuring the proper spaces in terms of location and functionality,
 ensuring maintenance work at cabinet level
 endow the cabinet of the FM in accordance with the regulations

2. Creation of programs regarding the activity of the doctor and the work team.
• must be adapted to the specific local conditions,
• to reflect the real needs of the population regarding primary health care,
• to ensure increased accessibility to healthcare,
• be accepted and acceptable,
• to refer to all medical-sanitary personnel
• be displayed visibly.

The doctor's activity program must be adapted to the specific of the assisted population, divided by activities (cabinet and home visits).

3. Ensuring functionality

A. Organizing the files.
• enter into the responsibility of an average framework, which will complete the files, the numerical and alphabetical optics,
• will ensure the circuit of the files up to the doctor and back and the security of the medical documents.

B. The organization of the activity is carried out by the medical assistant.
• It aims to receive all requests for medical assistance, to receive and direct the assistants, to provide circuits in the health unit, to avoid crowding, unnecessary expectations and to avoid their dissatisfaction.
• The nurse's assistant will provide assistance for the provision of appropriate medical services in the medical office.
• Will make a judicious distribution of the activity program for giving priority to emergencies, pregnant women, newborns.
• Scheduling consultations will be done on persons, days, hours.
• Scheduling of working hours will be made for: prenatal consultations, childcare consultations, assistance of the elderly, medical documents. An optimal programming system will be ensured: permanently, by telephone and directly.

4. The healthcare activity
The provision of primary health care during current and emergency medical consultations is achieved through:
• solving as many consultations as possible,
• complex investigation of the patient
• access and directing the patient to other specialties
When necessary, reconsideration of diagnosis, investigation and treatment programs is carried out.
The prophylactic, curative or recovery consultation will be approached differently.
The doctor has the obligation to organize the activity of the medical office in order to provide the medical assistance and to solve the requests and in his absence (leave of absence, illness, etc.), ensuring the replacement by a colleague.

5. Provide emergency medical care
• It will be done for emergencies and accidents both at the cabinet level and outside it.
• Family medicine units will be equipped with fixed and mobile emergency kits.
• After the first aid is granted, it will be sent to specialized units, with medical assistance during transport.

6. Providing medical assistance in the event of disasters
The medical office must also have trained members to deal with disasters and disasters, emergency situations in which the requests for medical assistance are extremely high.

IV. The preparation of the consultation involves aspects related to:
 the consulting office (hygienic-sanitary conditions, circuits, material equipment, displayed consultation program)
 the activity of the doctor (punctuality, behavior, training, health status)
 the work team (presence, punctuality, behavior, professional training, health status)
 patient (his identity, whether known or not), his registration, patient documents (newsletter, service certificates, pension coupon), health book.

V. Conducting the consultation

 the admission of patients in the established order (of the arrival or of the priorities)
 ensuring the intimacy of the assisted and professional secrecy (the participation of the caller or other persons in the consultation is done only with the consent of the patient or the caller for the dependent assistants).
 ensuring a complete, rapid, systematic investigation, adapted to the conditions of the deployment (domicile, place of work, etc.), which will respond to the request.

1. History of the disease, personal history and family history

The consultation involves knowing the patient's natural and social history (personal physiological and pathological history, hereditary-collateral history, immunizations, living conditions and risk factors).
The information that can be obtained from the family doctor in the dialogue with the patient is related to the onset of the disease, its evolution, frequency of seizures, access, periodicity, personal physiological and pathological antecedents, hereditary-collateral, treatments followed, effects of treatments, presence risk factors, lifestyle, nutrition, alcohol consumption, smoking, professional activity, noxious activity, extra-professional activity, family situation, economic status, mental stress, rest and relaxation and attitude of the patient towards the disease.
The behavior of the patient is particularly important. It is determined whether or not he is interested in his disease, ignores it or exaggerates it, whether or not he takes a dietary hygiene regime, whether or not he has consulted another doctor, whether he has taken medicines on his own initiative or at the indication of his entourage or to another doctor.

A. Sources of information in family medicine
There are several sources of information available to the family doctor, such as: the patient, the family, the environment, the environment and its epidemiological situation.

1. The patient:
#Information on symptomatology
#Information on the biological substrate of the disease, pathogenesis, which is collected from the patient and can be confirmed later with the help of paraclinical investigations
#Information on the etiology of the disease

1. Obtained with the help of the patient's observation: the constitutional type, face, eyes, skin, attitude, gait, voice, clothing, hygiene, behavior
2. Information spontaneously exposed by the patient, on the occasion of anamnesis: subjective symptoms, feeling bad, various sufferings, pain, fatigue, asthenia, dizziness, fever, dyspnoea, etc.
3. Information discovered by the doctor during the objective examination on the devices: objective signs, functional disorders, blood pressure increase, heart rhythm disorders, edema, hepatomegaly, ascites, varicose veins, heart beats, etc.

Factors that can influence the dialogue with the patient are:
#Speech difficulties of the patient
#Hearing impairments
#Memory disorders
#Language problems
#Exhaustion status
#Confused state
#Emotional state
#Violent pain accused by the patient, which impedes communication
#The presence of foreign persons
#The state of embarrassment
#The tendency to hide the truth

2. Information provided by the entourage: mother, relatives, colleagues, friends, educators, teachers, etc. These can be information regarding: the disease onset, its evolution, the patient's history, the treatments performed, the consumed foods, the consumption of alcohol, drugs, the presence of behavioral disorders, lifestyle, family, social situation, psychosocial stress.

3. Information provided by the environment:
#Physical factors existing in the patient's environment: ambient temperature, humidity, noise, radiation, etc
#Chemical factors: polluting substances, food composition, excess lipids, mineral deficiencies
#Biological factors: bacteria, viruses, fungi, etc.
#Psychic factors: states of psychic tension, nervous overload

#Professional factors: inadequate working conditions, occupational pollution, pollution
#Family factors: living conditions, eating habits, socio-economic level

B. Means of collecting information:
 Clinical methods: observation, anamnesis, inspection, palpation, auscultation, puncture, etc.
 Paraclinical methods: morphological, radiological, biochemical, immunological, enzymatic, hematological
 Psychological methods: talk, questionnaires, tests, etc.

2. Clinical examination of the patient
 It is performed by classical methods: inspection, palpation, percussion and auscultation.
 It will be done systematically and with gentleness, constantly corroborating the subjective with the objective.
 There will be an objective examination on segments and devices.

The examination begins with an overview of the patient, the general condition of the patient, the constitutional type, vicious positions is highlighted. Meningeal contact is sought.

A. In the patient's sitting position
Head exam
Hairy skin inspection, eye inspection
Inspection of the face, palpation of sinus points, salivary glands, lymph nodes, testing of eye reflexes, examination of the oral cavity, passive movement of the head, Chwosteck sign

Posterior chest examination
Tegument inspection, palpation of the back, chest pectoral, thorax percussion, thoracic auscultation, Giordano maneuver

B. In dorsal decubitus
Examination of the anterior thorax
Inspection of the skin, palpation of the anterior face, percussion, anterior chest auscultation, breast examination

Cardio-vascular examination
Inspection of the precordial area, palpation of the precordial region (apexian shock), percussion of the precordial region, delimitation of cardiac maturity, auscultation of the heart

Examination of the abdomen
Inspection of the abdomen, percussion, superficial and deep palpation, examination of the right and left hypochondria, palpation of the pancreas, iliac fossa, examination of the renal lodges

Examination of the lower limbs
Inspection of the lower limbs, palpation of the groin nodes, mobilization of the joints, examination of the osteo-tendon reflexes, performing the sciatic elongation maneuver

Examination of the upper limbs
Inspection of the upper limbs, palpation of the axillary nodes, mobilization of the joints, appearance of the fingers, osteo-tendon reflexes

3. Paraclinical investigation techniques
Paraclinical investigations to support the diagnosis will be selected, motivated.
Simpler investigations such as an electrocardiogram, simple laboratory tests, an abdominal ultrasound can be performed in the family doctor's office.
More complex investigations require the patient to be referred to specialized outpatient or hospital services.
Paraclinical investigations useful for diagnosis in FM are: ultrasound and radiological investigations, functional explorations, biochemical investigations, enzymatic, immunological, hormonal, genetic and microbiological investigations.

4. Interdisciplinary consultations will be recommended in selected cases, in cases where the competence of the family doctor is exceeded.

5. The elaboration of the positive and differential diagnosis will be made at the end of the consultation based on the anamnesis, the clinical examination, the paraclinical investigations carried out in the MD's office or in the specialized offices.

6. The elaboration of the therapeutic programs includes the emergency therapeutic measures, applied in the cabinet and continued at home or, as the case may be, followed by the transport of the patient to the hospital.
Depending on the situation, you can indicate:
#current therapeutic programs at home
#delay the treatment until the investigations are completed
#complex therapeutic programs including hygiene-dietary regimen, medicines, natural techniques, balneophysiotherapy, socio-professional reintegration
#monitoring, re-evaluating, reconsidering the therapy applied to the patient
#measures aimed at changing living and working conditions.

7. Completion of medical documents
 filling in the medical records, the insured's booklet
 completing the consultation register
 filling in the sending tickets, recipes
 completing the medical leave certificate

PARTICULARITIES OF CONSULTATION IN FM

The peculiarities of the consultation in FM are derived from:
 the place where the consultation takes place
 structure of patients
 time available for consultation
 technical and human endowment of the family medicine cabinet
 the diagnostic method used
 the purpose pursued through consultation

I. The particularities of the consultation related to the place
 Lack of optimal conditions for consultation
 Need to travel to the patient's home
 The presence of other people in consultation other than the patient
 The doctor's ability to consult in any conditions
 Ability to use minimum conditions for consultation
 Using the benefits of home consultation
 Information on the patient's living conditions
 Detection of family risk factors
 Appreciation of the conditions of patient care by the family
 Appreciation of the possibility of cooperating with the patient's family

II. The peculiarities of the consultation related to the structure of patients
 Any patient may attend a consultation at the FM
 During the consultations the family doctor must take into account all the human pathology
 He must be familiar with the health problems of the healthy man
 The family doctor must know the transition from health to illness
 The family doctor must know the beginning forms of the diseases
 The patient will be fully investigated
 The family doctor must have the ability to move quickly from one case to another

III. Particularities related to the time available
 FM has a relatively short time
 FM should make optimal use of available time
 FM will conduct the dialogue in an optimal time

 FM will be able to take the physical exam in a timely manner
 FM will timely notify all the problems that the patient presents
 FM will know how to organize their time properly.

IV. Particularities related to the technical equipment
 FM has few technical means of diagnosis and treatment
 FM has less access to paraclinical investigations
 FM focuses on clinical diagnostic methods
 FM makes good communication with the patient
 FM must do a correct history
 FM will perform the complete objective examination of the patient
 FM must constantly develop their clinical sense

The FM will make a synthesis and a hierarchy of the data obtained through the diagnostic techniques and the paraclinical investigations.

In the emergency consultation he will examine the position of the patient, the state of consciousness, the appearance of the skin and mucous membranes, the breathing (type, frequency), circulation (rhythm, BP, pulse), temperature, diuresis, sphincter control, examination of biological products such as are sputum, vomiting, urine, etc.

V. The particularities of the preventive consultation
The preventive consultation has particularities depending on the patient's age.
 Newborns and infants will search for cardiac breaths, radial and femoral pulse, hernia points, genital disorders, hip dislocation, crooked leg, visual evaluation, nutrition and excretion, tooth evolution and psychosomatic development.
 Urinary tract infections, spinal deformities, dysmetabolic syndromes and the stage of psycho-somatic development will be detected in the young child.
 In the child 10-14 years old there will be a psycho-sexual examination (at this age self-interest for sex appears)
 In adolescent (14-16 years) preventive consultation will address the issues raised by heterosexuality and sexual relations.
 At the age of 16-20 years, a psycho-social examination will be carried out, this being the period of the occurrence and evolution of the conflictual states from puberty, the personality of the individual will be identified, the adherence to values, a cognitive examination will be done and insist on problems. of sexual education, on accident prevention, is informed about the risks of drug use, indications are given on the correct nutrition, on the relations with the parents.
 The adult, over 20 years, will determine the weight, TA, give indications regarding the self-examination of the various organs and the screening methods.

DIAGNOSIS IN FAMILY MEDICINE

The types of diagnosis with which FD and specialised doctor work
Family doctor
Clinical diagnosis
Syndrome diagnosis
Differential diagnosis
Early diagnosis

The specialist doctor
Etiological diagnosis
Pathogenic diagnosis
Laboratory diagnosis
Anatomical-pathological diagnosis
Radiological diagnosis

I. Elaboration of the diagnosis in FM

1. Delimitation of the diagnostic term: scientific identification of a condition, phenomenon or condition based on anamnestic data, clinical examination and paraclinical data.

2. The basis of the diagnosis elaboration:
• complete investigation (anamnesis, clinical examination, biological, ultrasound, radiological and anatomical investigations),
• investigating the individual psychic component
• investigating the social component of the case.

3. Clinical reasoning in family medicine:
 the complete and realistic approach of the patient
 understanding the entire pathology of the patient
 avoiding the negative influences created by some examinations, investigations and techniques on the insured
 establishing a proper investigation strategy and diagnosis, which does not attract the civil, administrative or criminal sanction of the doctor

4. The diagnosis in FM refers to:
 the personal qualities of the doctor (human, professional training, investigation techniques applied to the case, discernment, deductive or inductive reasoning)
 the specific conditions of the activity in the family medicine offices

(1) the diversity of the requests, starting from the problems of the healthy man, of the sick man, of the environment of life, work, family, community, etc .;
(2) the place of the activity;
(3) time available;
(4) human, material and informational endowment;
(5) the importance, gravity and dynamics of the morbid phenomenon that required the intervention of the doctor.

5. Means that allow FM to make the diagnosis:
 careful clinical observation
 constructive thinking
 the investigation techniques required to confirm the diagnosis, adapted to each individual case

6. The reasoning for establishing the diagnosis consists of:
 elaboration of the diagnosis based on the data and results obtained from the natural history of the disease, the reasons for presentation, antecedents, epidemiological anamnesis, the clinical examination of the person and the paraclinical investigation
 stage the diagnosis elaboration, which includes:
(1) an analytical stage, from the stage of anamnesia to the clinical and paraclinical stage;
(2) a synthetic stage in which the elaboration of the diagnosis is based on the dynamic retention of significant elements,
• their analysis,
• ranking
• anamnestic and clinical-paraclinical correlation.
 establishing the affected organ (s), ranking the suffering, elaborating the diagnosis of the syndrome, of the disease (dg. of probability, of certainty)
 the diagnosis will include the diagnosis of the syndrome, of the disease, the etiological one, of the evolutionary form, the functional stage, complications and associated diseases.
 presentation of the particularities of the case (related to the absence of symptoms, evolution)
 differential diagnosis (case related, nuanced, argued).

The diagnostic synthesis stage:
 Diagnosis of the syndrome
 Diagnosis of the condition
 Diagnosis of the disease
• probability
• of certainty

 Etiological diagnosis
 Evolutionary diagnosis

II. Diagnostic errors can be:
 inevitable, due to poor symptoms or borrowing symptoms from the beginning period
 inexcusable

(1) subjective reasons with ignorance, negligence, wrong examination, wrong techniques, doctor's vanity
(2) for objective reasons: due to the deprofessionalization of the family doctor.

III. Diagnostic difficulties in FM:
 Asymptomatic evolution of some diseases
 Difficulties in collecting information
 Insufficient technical equipment
 Predominance of non-specific symptoms
 The need for the association of symptoms to establish the diagnosis
 Individual characteristics of the patient
 Atypical onset of some diseases
 The masked evolution of some diseases
 The existence of associated or concomitant diseases
 Existence of neurotic manifestations

IV. Paraclinical investigations in FM
The use of paraclinical investigations in FM involves discussing the following aspects:

1. The need to carry out paraclinical investigations in FM
FM can obtain valuable information on pathophysiological, anatomopathological, histological, hematological, immunological, biochemical and genetic changes only through paraclinical investigations.

2. The possibility of carrying out paraclinical investigations in FM
FM must carefully choose the paraclinical investigations needed for each individual case.
Initial mandatory investigations are: urine summary examination¸ hemogram, creatinine, blood urea, kalemia, glycemia, cholesterol, triglycerides, eye examination, thoracic radioscopy, EKG and renal ultrasound.

Special investigations are: renal angiography, Doppler examination of renal artery flow, renal scintigraphy, dosing of renine, computerized tomography, hormonal dosages for excluding endocrine hypertension, etc.

3. Criteria for establishing the strategy of paraclinical investigations in the FM:
 Clinical diagnosis is required first to perform paraclinical investigations
 FD requests investigations that can confirm or deny the clinical diagnosis
 FD will not resort to paraclinical investigations before the clinical examination is exhausted
 Only paraclinical investigations that can provide useful information for diagnosis are required
 The most useful investigations are those which could be easier to carry out
 If the result of the investigations invalidates the suspicion, the clinical diagnosis is reviewed.
 In case of revision of the diagnosis, other investigations are required that could confirm or deny the diagnosis.
 If the FD does not have sufficient data to make the differential diagnosis, those investigations will be requested, which could help this.
 The simplest and least risky one is chosen between two similar investigations
 The FD will also take into account the possibilities of the patient to carry out the requested investigations
 In the case of serious or urgent diseases, the FD should avoid delaying investigations
 In order to carry out some paraclinical investigations, the FD must refer the patient to the diagnostic centers that can perform them, facilitating the patient's access to the respective investigation through collaboration links with the respective services.

4. Choosing the investigations that confirm or deny the clinical diagnosis:
 Necessity of prior exhaustion of clinical investigations.
 When the diagnostic criteria are known, the paraclinical investigations will be requested to confirm the respective criteria.
 If a disease diagnosis algorithm is known, the paraclinical investigations indicated by it will be requested.
 Paraclinical investigations are required which are the least risky and easiest to perform.
 If the investigations suspend the clinical suspicion, other ones corresponding to the new diagnostic suspicion will be requested

 Paraclinical investigations that can be performed by the patient are recommended
 It is useful for the FD to plan certain investigations
 Indicates the timely conduct of paraclinical investigations
 It is important to establish collaborative relationships with the paraclinical investigation services.

PARTICULARITIES OF DIAGNOSIS IN FM

The peculiarities of the diagnosis in family medicine:
 First contact, diversity of patients, consideration of the whole pathology, early diagnosis, detection of risk factors
 Ongoing medical care: monitoring of chronic diseases, detecting complications, staging, detecting associated diseases
 Technical endowment: the poverty of the technical equipment, the diversity of the necessary paraclinical investigations, the predominance of the clinical diagnosis, the collaboration with other specialists.
 Assistance of the person: the consideration of the organism in all its integrity, the necessity of the synthesis diagnosis, the consideration of all the diseases the patient suffers, the hierarchy of the diseases, the health diagnosis
 Family assistance: diagnosis of diseases with family aggregation, importance of genetic factors, notification of family, risk, harFMul family habits.

I. The particularities of the diagnosis determined by the FD's obligation to provide first contact assistance:
 Need to consider the whole human pathology
 The obligation to intervene in emergencies
 Obligation to know the forms of onset of diseases
 The obligation to know the atypical onset of the diseases
 The obligation to make a complete differential diagnosis
 The obligation to notify the transition from the state of health to the state of illness.

II. The peculiarities of the diagnosis in the FM determined by the FM's obligation to provide continuous medical care:
 The need for the supervision of chronic patients
 Timely notification of pathological changes in the patient
 Staging the diagnosis
 Diagnosis of complications
 Revise the diagnosis in time according to the symptomatology that appeared
 Notification of the appearance of other diseases

III. The peculiarities of clinical diagnosis in family medicine
 The diagnosis can be made with easily accessible clinical means
 Its establishment does not usually require special facilities.
 The diagnosis in the FM confirms the importance of the patient's observation, medical history and physical examination
 The diagnosis of certainty requires the confirmation of the clinical diagnosis through paraclinical investigations.

IV. The particularities of the diagnosis determined by the obligation to provide medical assistance to the family

 FD will take into account risk factors, habits and family relationships
 FD will consider diseases with family aggregation.
 FD will take into account the economic level of the family from which the assistant comes from
 FD will take into account the cultural level of the patient's family.

V. The peculiarities of the diagnosis determined by the necessity of the patient's care in all its integrity:

 Establishing a complete diagnosis of the patient
 Taking into account all biological changes, as well as psychological, family, social and professional factors
 Need to make a diagnostic synthesis in FM
 The need to diagnose all the diseases and make a hierarchy of them

1. The diagnostic synthesis in family medicine involves:

 Inventory of all symptoms
 Establishing links between symptoms
 Grouping of symptoms in syndromes
 Grouping syndromes into diseases
 Diagnosis of all diseases
 Establishing links between diseases
 Establishing links with living conditions
 Hierarchy of diseases
 Develop a comprehensive diagnosis

2.Hierarchy of diseases in FM:

 Diseases that endanger the patient's life will be put on the foreground
 Acute diseases pass before the chronic ones
 Diseases with faster evolution will pass before those with slower evolution
 Diseases with unpredictable evolution will pass before the diseases with favorable evolution
 Diseases that cause more suffering will outweigh those that cause less suffering
 Diseases that have effective treatment will pass before diseases that do not have effective treatment
 The FD has the obligation to review the hierarchy of diseases whenever changes occur in the patient's condition.