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Mental Processes on the Clinical Problem Solving in Family Medicine

ABSTRACT

Family physicians deal mostly unresolved patient and unorganized symptoms. Therefore, there are differences in patient management in primary care. We aimed to provide information about mental processes that can be used for clinical problem solving in family medicine.

Keywords: Problem solving, Algorithm, Family practice

Aile Hekimliğinde Klinik Problem Çözmede Zihinsel Süreçler

ÖZET

Aile hekimleri çoğunlukla ayrışmamış hasta ve organize olmamış semptomlarla karşılaşmaktadır. Bunun için birinci basamakta hasta yönetiminde farklılıklar vardır. Bu yazıda, aile hekimliğinde klinik problem çözmede zihinsel süreçler hakkında bilgi vermeyi amaçladık.

Anahtar Kelimeler: Problem Çözme, Algoritma, Aile Hekimliği

Dear Editor,

Family medicine is the first point of contact in the health services. It deals with all health problems of the individual regardless of age, gender other properties discrimination. Primary care physicians deal mostly unresolved patient and unorganized symptoms. Therefore, there are differences in patient management in primary care. In this paper, we aimed to provide information about mental processes that can be used for clinical problem solving in family medicine.

Mental processes

The methods that can be used in clinical problem solving in the primary health care can be summarized as follows:

Cue-hypothesis relationship

Cues may be features such as a symptom, sign, patient behavior, age or previous medical history. The physician develops one or several hypotheses about the patient's disease by analyzing cues, when the patient admitted with a problem. Then these hypotheses should be tested by deepening the search. This is a cyclical process (1).

Routine search

It consists of a thorough history, physical examination and assessment of the systems (2).

Directed search

It is diagnostic tests based on data obtained from routine search. These tests consist of deepening of history, physical examination, laboratory tests and imaging.

Pattern recognition

It is a method of matching pattern with the diagnosis, after determining the patient's history and symptoms quickly. This process can be used in cases with unique, idiosyncratic features such as urinary tract infection and eruptive diseases in pediatric patients.

Exclusion

It is identifying what he/she do not have. For example; in a patient presenting with chest pain can be a heart attack or not. This process is making a distinction about clinical situation.

Algorithm development for symptoms

In this approach a consistent logical and same method is followed for each patient. It is suitable for conditions such as head pain.

Traditional classification

It is placing the discomfort of the patient to a disease category. International Classification of Primary Care (ICPC) and the International Classification of Diseases (ICD) classification can be used to do this emplacement. As results of this classification; physicians can predict how diseases will be resulted if not treated, do disease-specific treatment, make more objective conclusions about the condition of the patient and communicate with colleagues about the disease because it creates a common terminology. Known to be a case of what, not a vague threat can be very relaxing for the patient. The classification provides to establish the relationship between processes and outcomes.

Wait – see

In cases where waiting is not risky, it is testing the hypothesis by monitoring the progress of the disease. Using time in this way prevents many unnecessary searches (1).

Going from treatment to diagnosis

It is a direct treatment planning method according to symptoms. In this method, it should be addressed to treatment through high probability diagnosis. For example, the decline in complaints of patients admitted with chronic cough by treatment of reflux.

Decision

Traditionally, search ends with diagnosis. However, in family medicine this is not always possible. Because it could be a very early stage of the disease to be diagnosed or disease can be self-healed without allowing to be diagnosed or it can be not enough to pin to a classification that intertwined with the patient's life. Therefore, end point of the clinical problem-solving process in family medicine is decision, not diagnosis. This decision may be diagnosis, treatment, referral, consultation or decided to wait (2).

Conclusion

These mental processes are not always possible to separate from each other with sharp boundaries. Unresolved (previously undiagnosed) and not clinically fully seated patients are more difficult to diagnose. Family physicians often deal with these kinds of patients. Using these mental processes will facilitate patient management in primary care.

Conflicts of Interest

The authors declare no conflict of interest.

KAYNAKLAR

1- Diller, PM. and Ellis, R.T. 2016: Clinical Problem Solving. Ch 10: 120-125. IN: Rakel, R.E. and Rakel, D.P. (Eds) Textbook of Family Medicine. Philadelphia: Elsevier Saunders.

2. McWhinney, I.R. and Freeman, T. 2009: Textbook of Family Medicine. Basic Principals. New York: Oxford University.