



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

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بعض الوثائق الأصلية تالفة



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بالرسالة صفحات

لم ترد بالأصل

**Quality of consultation in general practice at
family practice center - Fanara Ismailia
Governorate**

Thesis

**Submitted for partial fulfillment of
Master degree in family medicine**

By

Reda Ali ABD El Azyz

Supervisors

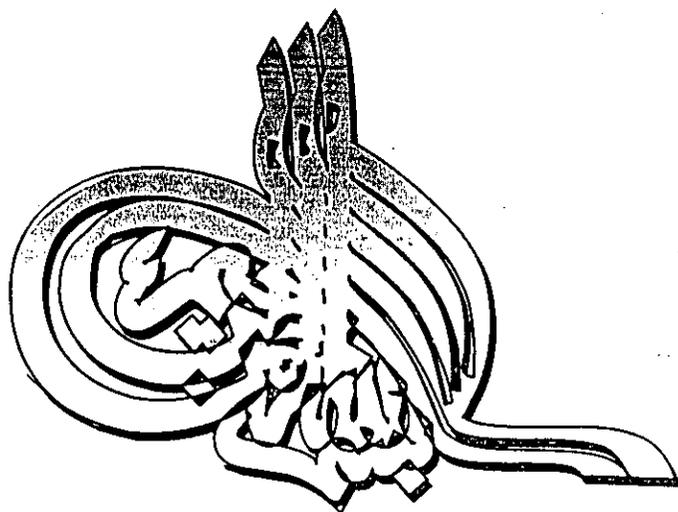
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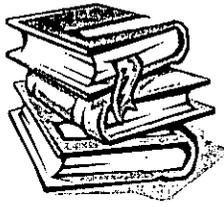
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INTRODUCTION



Introduction

The family physician provides continuing, comprehensive care in personalized manner to patients of all ages and to their families, regardless of the presence disease or the nature of the presenting complaint. Family medicine is considered to be a form of medical care delivered that emphasizes first contact care and includes the ongoing responsibility for the patient in both health maintenance and therapy of illness. It is personal care involving a unique interaction and communication between the patient and the physician. The appropriate use of consultation and community resources is an important part of provided care to patients (Taylor, 1997).

The general practitioner is a specialist trained to work in the front line of a health care system and to take the initial steps to provide care for any health problem(s) that patients may have, the general practitioner takes care of individual in a society irrespective the patient type of disease or other personal and social characteristics, and organizes the resources available in the health care system to the best advantage of the patients. The general practitioner engage with autonomous individuals across the fields of prevention, diagnosis, care, cure and palliation using and integrating the sciences of biomedicine medical, psychologically and medical sociology (Olesen et al, 2000)

The seeking medical advice through consulting a physician is earlier in children than in adults .In the assessing the likelihood of adults

consulting a general practitioner with a range of symptoms, they established that only 17% would be likely or very likely to consult with a heavy cold with a slight temperature. On the other hand, the same adults would bring their children to a doctor with similar symptoms: earache (79%), temperature (60%) and sore throat (55%). The author found that there is a gradient in the perceived need to medical attention from the higher to the lower social class, the former being much more likely to seek medical attention for any given symptom or sign (**Frasener, 1996**).

Consultation is considered to imply meetings face - to - face between patient and doctor. A standard medical model of the consultation, which describes in medical terms what should happen; it follows history taking, examination, diagnosis, and treatment. This description explores what happening in terms of medical procedures which are being followed. On the other hand it is lacking what is happening in the process of communication between physician and patient. (**Byrne et al, 1998**).

Palmer (1997) said that measures of outcome are imperfect. It is extremely difficult, for example, to measure the average health, medical knowledge or prognosis of doctor's list and to relate it to variations in consultative approach. Three important outcomes that can be counted are patient satisfaction, patient improvements and patient compliance. When the consultation is judged according to these criteria it is clear that the outcome could be maximized if the physician considers some other factors. The consideration of these factors suggests that various techniques can be employed to improve such outcomes as

diagnostic accuracy, patient satisfaction, communication and compliance. A good relationship, and expectation, keeping message simple and clear, repeating message and stressing its importance will lead to enhancement patient satisfaction, compliance and satisfaction are enhanced when explanation are volunteered by the physician.

The basic reason for many consultations is not that the patient has disease. Moreover, the factors influencing health action are mainly social and psychological in nature rather than physiological, anatomical or biochemical. There are, however, some identifiable influences on the decision people take whether to consult or not. These include, for example, the nature or perceived threat of the symptom or symptom complex, whether the symptoms involve an adult or child, and the patient's social class or ethnicity (Frasener, 1996).

Different studies were conducted worldwide on the effect and quality of care in general practice consultation. **Howie et al.2000**, conducted study to determine the relation between quality of consultation and some variables .The author found that the mean duration of consultation increased when consultation had a psychological component. Patients aged over 65 had high enablement and long consultations. Consultations for women lasted longer than those for men. Patients with social problems alone had the lowest enablement score, the more problem patient wanted to discuss, the longer the consultation and the greater the enablement. Knowing the doctor well result in considerably increased enablement. (**Howie et al 2000**)

In Egypt there is no similar studies have been conducted to investigate such very important issue. So such study is immensely required in our practice to assess the quality of care.

AIM OF
THE WORK