

INADEQUACIES IN HISTORY TAKING AND CLINICAL EXAMINATION BY THE DENTISTS

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ABSTRACT

History taking and clinical examination are the most important steps in the diagnosis and hence overall patient management in medicine, surgery and dentistry. The purpose of this study was to determine the history taking and clinical examination practices of dentists. Self-administered questionnaires were distributed among two hundred randomly selected dentists of Rawalpindi and Islamabad. The questionnaire assessed how often these dentists recorded all the steps of history and how often they examined their patients thoroughly.

While the vast majority of dentists asked most of their patient's demographics, chief complaint and the history of their chief complaint and examined all teeth of their patients, a considerable number of them missed the medical, family and socioeconomic history, did not record vital signs, and did not examine the entire head and neck and oral mucosa of all their patients. This study emphasizes deficiencies and inadequacies in the history taking and clinical examination practices of dentists in the studied sample.

Key words: *Inadequacies in History Taking, Clinical Examination, Diagnosis*

INTRODUCTION

The traditional approach to diagnosis in both medicine and dentistry starts with recording history of the problem. This consists of demographic data of the patient, his / her chief complaint, and history of that complaint, medical, family and socio-economic history. This is followed by clinical examination of the patient that, in dentistry, consists of general physical evaluation, vital signs recording, extra oral examination of the head and neck and finally thorough examination of the oral cavity. Where indicated, relevant investigations based on the history and clinical examination findings are advised. It is only after this systematic collection of information that

the clinician reaches a definitive diagnosis upon which is based the successful management of that patient.

In addition to the diagnosis of the presenting pathology, the clinician should also make an effort to prevent and / or timely diagnose asymptomatic and as yet unknown local, regional and systemic diseases¹. By recording history of the patient and performing a detailed clinical examination, the clinician can thus not only identify and manage coincidental pathologies, premalignant and malignant lesions but also identify medically compromised patients and thus prevent catastrophic medical emergencies in his / her clinic^{2,3,4}.

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The aim of this study was to determine whether and to what extent dentists follow the centuries old standards of history taking and clinical examination. While the same has been studied in primary care medical practitioners, no such study was available in dentistry⁵. It was aimed to document these practices and to draw attention of the dentists to deficiencies and inadequacies in these practices.

METHODOLOGY

This study was conducted through dentists working in public and private sectors of Rawalpindi and Islamabad. Both male and female dentists registered with Pakistan Medical and Dental Council (PMDC) and who were willing to participate in this study were eligible for inclusion in the study. A purpose designed questionnaire having 12 questions was distributed among 200 randomly selected dental practitioners. Each questionnaire included questions regarding history taking and clinical examination practices of these dentists. The questions asked included the average number of patients seen daily, whether all the components of history were recorded in detail, vital signs recorded and whether or not a systematic clinical examination including the head and neck region and the entire oral cavity was performed. The questionnaires were personally distributed by the authors among the clinicians and collected on the same day. Any dentist unable to complete the questionnaire on the same visit was revisited the next day and a third time after a week to collect the completed questionnaire. Dentists who had not completed the questionnaire by then were excluded from the study. Confiden-

tiality was maintained at all times during the study. The results of the study are given in terms of simple percentages.

RESULTS

A total of 200 questionnaires were distributed among dentists of Rawalpindi and Islamabad of which 170 were returned complete and suitable for inclusion in this study (85 % response rate). Of the 170 dentists, 102 were males (60 %) and 68 were females (40 %). The results of the different components of the questionnaire are given in Table 1 and 2.

While all dentists asked all their patients about their chief complaints and the details of their presenting complaints, only 72 % dentists asked all their patients about their medical history, 60 % demographic details, 24 % family history and 18 % enquired about their socioeconomic status. It is noteworthy that a considerable number of the dentists never asked or asked rarely about the medical (14%), family (44%) and socioeconomic history (60%).

The vast majority of the dentists (72 %) always wore gloves before starting a patient but only 19 % of them washed their hands before doing so. Sixty one percent dentists always examined all the teeth of their patients, but fewer examined the entire head and neck region and oral mucosa of all their patients (06 % and 22% respectively). Only very few dentists (05%) recorded vital signs of all their patients. Majority of the dentists (72%) did wash their hands after attending all their patients.

TABLE 1: HISTORY TAKING PRACTICES OF DENTISTS

Variables	Always	Frequently	Rarely	Never	Total
Demographic Data	102 (60 %)	34 (20 %)	24 (14%)	10 (06%)	170
Chief Complaint	170 (100%)	00	00	00	170
History of Present Illness	158 (93 %)	12 (07%)	00	00	170
Medical History	122 (72%)	24 (14%)	12 (07%)	12 (07%)	170
Family History	40 (24%)	54 (32 %)	23 (13%)	53 (31%)	170
Socio-economic History	30 (18%)	38 (22%)	68 (40%)	34 (20%)	170

TABLE 2: CLINICAL EXAMINATION PRACTICES OF DENTISTS

Variables	Always	Frequently	Rarely	Never	Total
Wash Hands Before Attending Patient	33 (19 %)	27 (16 %)	61 (36 %)	49 (29 %)	170
Wear Gloves	122 (72%)	30 (18 %)	06 (03%)	12 (07%)	170
Vital Signs Recording	09 (05 %)	24 (14 %)	35 (21 %)	102 (60%)	170
Examine Entire Head & Neck	11 (06 %)	17 (10 %)	25 (15 %)	117 (69%)	170
Examine All Teeth	104 (61 %)	30 (18 %)	12 (07 %)	24 (14 %)	170
Examine Entire Oral Mucosa	38 (22 %)	30 (18 %)	34 (20 %)	68 (40 %)	170
Wash Hands After Attending Patient	122 (72%)	20 (12 %)	17 (10 %)	11 (06 %)	170

DISCUSSION

Despite major advances in investigative techniques, an analysis of the history and clinical examination remains the foundation on which correct diagnosis and sound treatment are based⁶⁻⁸. History is arguably the most important step in arriving at the correct diagnosis^{7,8,9}. Clinical examination and relevant investigations, in that order, are the other components which cannot and should not be overlooked^{7,8,10}. The best interest of the patient is served by combining a carefully taken history and clinical examination with judicious utilization of the investigative techniques.

Despite the very obvious significance of history taking and clinical examination, many clinicians skip parts of the process and indulge in 'Spot Diagnosis'. While the presenting pathology may be obvious at first sight, it is still recommended that all the steps be followed to identify coincidental pathologies and co-morbidity. There is no doubt that skipping the recommended protocols culminates in many errors in the practice of medicine, surgery and dentistry.

The results of this study clearly show inadequacies and deficiencies in the history taking and clinical examination practices of dentists. Ramsey et al have found similar deficiencies in the history taking skills of primary care physicians⁵. The fact that many dentists rarely or never asked the medical, family, and socioeconomic histories and did not examine the head and neck and oral cavity thoroughly can easily lead to wrong diagnoses, missed diagnoses and patient mis-

management in many cases. Work load, over confidence in their diagnostic skills, over prescription of diagnostic tests etc. could be the reasons for missing steps in the diagnostic algorithm and need further investigations.

The fact that many clinicians enquire about the chief complaint and the history of presenting complaint more often than the medical, family, and socioeconomic histories, indicates that these clinicians mainly concentrates on treating existing pathologies rather than the preventive aspects and early diagnosis of yet unknown co-incidental pathologies. That many clinicians do not routinely examine the entire head and neck and oral cavity of their patients re-emphasizes the same phenomenon.

Greater emphasis should be laid on the significance of these basic, simple, inexpensive and time tested diagnostic techniques in medical and dental schools both at undergraduate and post graduate levels. Similarly the use of standardized history and clinical examination questionnaires is advised to avoid inadvertent missing of significant steps in the diagnostic procedure.

CONCLUSION

The history taking and clinical examination habits of dentists need improvement.

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