Evaluation of correct diagnosis of referral patients to skin clinic by family physicians: A needs assessment for UME, CME

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Abstract

Background and purpose: It has been demonstrated that the level of welfare and improvement of nations is evaluated by the progress and achievement of their health service networks. The specialization of therapeutic approaches is one of the practical and effective ways to accomplish this goal. The health system savants believe that the family physician guideline is the redeemer of health system section. This study is aimed, to evaluate the accuracy of diagnosis of the dermatologic disease of referred patients by family physician in Zanjan Valiasr hospital in year 2008.

Methods: This descriptive and cross-sectional study was done on 173 cases of referred patients from village family physician to dermatologic clinic. After correct diagnosis by dermatologist data including age, sex, family physician diagnosis and dermatologist diagnosis were recorded on data forms and then analyzed by Chi-square test.

Results: From 173 referred patients, 76 cases (43.9%) were male, 49 cases (28.3%) were under 15 years old, 73 cases (42.2%) were between 15-30 years old, and rest were more than 30 years old. 28 cases (16.1%) have been referred with correct diagnosis.

Conclusion: The level of accurate diagnosis by family physicians was low, which can be due to non-familiarity with common local skin disease and lack of enough instruction and education before starting the family physician project. We recommended that before starting this project, specialist workshop be prepared for family physicians.

key words: Family Physician, Skin Diseases, Needs Assessment

Introduction

It has been years that the level of welfare and improve-
this network as much as possible. For years, family physicians have facilitated the diagnosis and treatment of patients. In the developed countries such as USA, Canada, Japan and some others, family physicians start their practice after passing some special educational courses and workshops (1).

In our country “Iran”, it has been some years that the health system experts have introduced the family physician pathway as the savior of the health system (2).

This advanced project is carried out in many developed countries that care for their nation’s health and welfare. In this project, the general practitioners cover hundreds of family, manage or follow their medical health problem and if necessary refer the patients to the proper specialist (3).

Nevertheless, in our country in the family physician care units, our general practitioners are involved without enough education and instruction (4). It is obvious that due to several problems such as diversity of the disease, limited equipment and no enough instructions related to local diseases, it would be impossible to present appropriate health service. This problem also affects dermatologic disorders. So, in this study the accuracy of the diagnosis made by family physicians to refer patients to dermatologic clinic is evaluated as an indicator of educational needs of these physicians.

Methods

This study was a descriptive and cross-sectional study done on the 173 referred cases from the village family physicians to the skin clinic in Zanjan Valiasr hospital.

The sampling method was simple and patients with skin disorders were included in the study. The dermatologist examined the patients. After clinical diagnosis (or if needed by biopsy), their data including age, sex, diagnosis of the family physician and dermatologist diagnosis were recorded. Patients who were referred with skin disorder but had other serious disorders were excluded. Data were tested by Chi-square test test.

Results

From 173 referred patients, 76 cases (43.9%) were men, 49 cases (28.3%) were under 15 years old, 73 cases (42.2%) were between 15-30 years old and the rest were more than 30 years old. 32 cases (18.5%) suffered from infectious disease. 31 cases (17.9%) had erythematous squamous disorders, 13 cases (7.5%) had hair disorder, 32 cases (18.5%) had cutaneous reactions, 15 cases (8.7%) had pigmentation disorders and 50 cases (28.9%) suffered from several other disorders.

The most accurate diagnosis was infectious diseases (10 cases, 35.7%). Pigmentation disorders (5 cases, 17.9%) hair problem (4 cases, 14.3%) respectively (table 1).

Discussion

As the result show, only 16.1% of cases were correctly referred by family physician, most of which were infectious disease, and other diseases were referred as skin lesion or disorder.

In a study to evaluate the accuracy of family physician diagnosis, Opstelten et al have shown that from 272 patients with herpes zoster, family physician diagnosed correctly in 90.5% of cases (5).

In a study to evaluate general practitioner (GP) diagnosis skills in Australia, from 315 dermatologic patients diagnosed by 165 GPS, it was shown that 44% cases were diagnosed correctly, considering histological analysis. Their diagnosis on disease such as acne, wart, rosacea, molluscom and vitiligo were mostly accurate. The rate of correct diagnosis on malignant and premalignant disorders was 47% (6).

The significant difference between this study and our study might attributed to lack of community oriented education and well-planned due to non-familiarity of our family physician to common
local disease and lack of enough instructions, in comparison with family physician and enough instructions in developed countries. In a study by Quinzo et al on 710 patients who suffered from melanoma, it was shown that patients who were visited regularly by family physicians (2-5 times in a 2-year period) had 60%. Lower possibility to have thick tumor in comparison with those who were not visited by family physician (7). This study emphasis on the important rate of family physicians in early diagnosis of disease such as melanoma, of which early diagnosis has significant effect on prognosis, and in contrast our study, Unfortunately no patients with tumoral lesion or suspected to tumoral disease was referred. Therefore, with the hurried family physician project with limited equipment and lack of enough instructions related to common local diseases, these results are inevitable. As a result, to achieve higher efficacy in this projects and to economize in health expenses, we suggest that before involving family physician in this program, they attend short course about common local diseases and their infor-

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References
