Discussion

A busy day. 44 patients in one day. Only one home visit for a 73 year old lady at 1.45. Home visit are usually 15% of the job. It's not for only one doctor. My assistant (vocational training) was absent. Happily I had a secretary but this is not the case for most of GPs. Appointments are scheduled each 15 minutes but time distribution could be very different. From one minute to half hour, depending on the clinical difficulties and the emotional load. Some people needs to cry and crying needs time. Monday, the first day of the week. More men than women. Men mostly between 20 and 55 (working population) Sick leave renewal could explain that. But in this city, 22% of men and more than 35% of women are unemployed. Nevertheless, Monday distribution of contacts fit with the annual one. For instance, by month, more contacts are made in May than in December. (I had a table, but I cannot represent it here) The number blade and 18 minutes later for a 73 years old man is typical of the GP practice. Some patients are known since 30 years and 62% of the presenting problems are old one. Patients of Belgium are between 40 and 50 years. Since the 50's people from many countries have immigrated to work in the carbon mines.

Main IRE are in chapter P and R. Main is F50 : request for prescription of psychoactive drugs. Chapter R is usually the main one in all the enquiries in GYPM. Here shortage of breath is the main complaint corresponding in respiratory tract infection in young male, heavy smokers (of tobacco, cannabis, heroin or cocaine). Main diagnoses are also in chapter P with P19 (drug abuse) at the top, one P72 (schizophrenia), one P73 (psychotic psycho) and 2 depressions (P76). A chapter is also well represented with 4 X85 (CODB) and several X95. The whole day gave a good idea of the general, the complexity and the globality of GYPM. One move from adult Unit (SLB) to orthopaedics (PF3), from obesity (TBZ) to low back pain (L03) and from drug addiction (PF10) to preventive activities (A88).

For more insight in the ICPC rubric's titles, please do refer to the ICPC desk copy at the bottom of this poster.

Methods

As a researcher and trainer in GYPM I use ICPC (or French). In my daily practice in a urban general practice system, (half paper, half computer). The poster presents, through a symptomatic table, a quick look at all the contacts in my practice on Monday 11, July 2005. Place and hour of contact, Age, Sex, Rubrics origin, Problem status (old/new) Reason for Encounter, Working hypothesis or diagnosis. The last ones coded by ICPC-2.

As a "normal" reader is not be fluent in ICPC codes, the poster is accompanied by a little leaflet containing the ICPC-2 code short list and a short text in English describing each contact with all the exploration of the coding process.

Instead of the poster is a plain. Show work load of a Belgian GP, demonstrate the ability of ICPC in data classification and structure for epidemiological purpose in GYPM, and develop a training tool for ICPC lecture.

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