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Research Article

**INSUFFICIENCIES IN CLINICAL EXAMINATION AND  
HISTORY TAKING METHODS OF DENTISTS TO EVALUATE  
THEIR DEFICIENCIES**<sup>1</sup>Dr. Ayesha Sattar, <sup>2</sup>Dr Urva Salahuddin, <sup>3</sup> Dr. Iqra Shahid<sup>1</sup>Allied Hospital, Faisalabad<sup>2</sup>University of Medical and Dental College Faisalabad<sup>3</sup>Punjab Dental Hospital Lahore**Abstract:**

**Objective:** The aim of this study was to evaluate the clinical examination and history taking methods of dentists to evaluate their deficiencies.

**Study Design:** A prospective Study.

**Place and Duration:** The Dentists were selected from the Private and Public Hospitals of Lahore and this study continues for one year from July 2017 to July 2018.

**Methods:** 200 dentists were selected randomly from Lahore and Self-administered questionnaires were divided. The survey analyzes how commonly dentists noted all clinical history steps and how commonly evaluated their patients.

**Results:** The large number of dentists asked about the demographic characteristics, main complaints and history of their main complaints and examined all patients' teeth and a significant history they did not take. His family, socioeconomic and medical history, vital signs were recorded and oral mucosa and head and neck of all his patients were not examined.

**Conclusion:** These studies highlight the shortcomings and deficiencies in the clinical history and clinical examination in the study sample of dentists.

**Key Words:** Clinical Examination, History Deficiencies, Diagnosis.

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**INTRODUCTION:**

In dentistry and medicine the conventional approach to diagnosis begins with the history taking and to know the patient's problem. This includes the patient's demographic characteristics, primary complaints, and the complaints during history, as well as the family, socio-economic background and medical history. This is accompanied by the patient's clinical examination, extra oral examination, vital signs, the head and neck examination and finally the oral cavity, general physical examination. When indicated, relevant research is recommended based on the history and findings of the clinical examination. After this systematic data collection, the clinician make diagnosis based on the successful treatment of the patient. In addition to the disease diagnosis, the physician must also strive to abolish and / or diagnose unknown and asymptomatic, regional and systemic diseases. In a detailed clinical examination, the patient's history and performance can identify and treat physician daily pathologies, malignant and premalignant lesions, as well as identify patients with medical problems and abolish catastrophic medical emergency clinics. The purpose of this analysis was to know whether dentists have followed clinical examinations and clinical history for hundreds of years. Although the same situation was also studied in primary care physicians, there is no such study in dentistry. The aim was to document these practices and enable dentists to draw attention to the shortcomings and shortcomings of these practices.

**MATERIALS AND METHODS:**

This observational study was conducted by dentists from private and public sectors of Lahore. Both female and male dental dentists were registered to the Pakistan Medical and Dental Council (PMDC) and those who have given consent were allow to participate. A specially designed questionnaire was distributed among 12 randomly selected 12 dentists. Each questionnaire contains questions about the clinical history of these dentists and clinical examination practices. The questions included were from the normal routine, if all the history were recorded in detail and properly, monitoring of vital signs and a systematic clinical examination was performed including the entire oral cavity and head and neck region. The researchers personally distributed the questionnaires between doctors and selected the same day. Any dentist who could not complete the survey on the same visit was reviewed for the next day to complete the questionnaire. Dentists who did not complete the questionnaire at that time were excluded from the study. Privacy has always been maintained during the work. The study results are given in simple percentages.

**RESULTS:**

200 total questionnaires (86% response rate) were divided among the Lahore dentists, which were complete and eligible for participation. Male were 102 (60%) out of the 170 dentists, and female were 68(40%). The questionnaire different components results are shown in Tables 1 and 2.

**TABLE 1: HISTORY TAKING PRACTICES OF DENTISTS**

<b>Variables</b>	<b>Always</b>	<b>Frequently</b>	<b>Rarely</b>	<b>Never</b>	<b>Total</b>
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

When all dentists were asked about their main complaints in detail, only 72% of dentists reported medical history, 24% reported family history, 61% demographic information and 19% Socioeconomic status. A significant number of dentists rarely ask questions about family (45%), socioeconomic (60%) and medical (15%) histories.

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

Most dentists (73%) always wore gloves before examining a patient, but only 20% washed their hands before examination. 61% of the dentists have always checked all patients teeth, but less frequently examined the oral mucosa and head and neck of all patients (07% and 23%, respectively). Only some dentists (5%) recorded all patients' vital signs. The majority of dentists (73%) washed their hands after examining the patients.

### DISCUSSION:

Despite the great advances in research techniques, the history and analysis of the clinical examination continue to be the basis for proper diagnosis and appropriate treatment. History is probably the most important step in reaching the right diagnosis. Clinical examination and related research are other components that cannot be ignored in this order. The patient's best interest is achieved by carefully combining clinical history and clinical examination with the rational use of research techniques. Despite the obvious importance of clinical history and clinical examination, many clinical parts of the process are neglected and referred to "Point Diagnosis". Although the pathology of the presentation is clear at first glance, it is recommended to take all measures to define the relevant pathologies and comorbidity. Of course, many errors in practice in medicine, surgery and dentistry recommend peak protocols. The results of this study clearly demonstrate the shortcomings and shortcomings of dentists in clinical history and clinical examination. Ramsey et al. They found similar deficiencies in the history of the skills of primary care physicians. Many dentists rarely consult with doctors, family, and socioeconomic backgrounds, or the fact that many errors, misdiagnosis, head and neck depth, and oral cavity are not easy to examine can lead to poor patient management. Workload, hypersensitivity to diagnostic skills, prescription of diagnostic tests, etc. These may be the cause of the missing steps in the diagnostic algorithm and require further investigation. Most of the time, medical, family and socio-economic backgrounds indicate that these clinicians focus on the treatment of existing

pathologies rather than protective features and focus on the early diagnosis of incidental pathologies that are still unknown. It is seen that many clinicians do not routinely examine the entire head and neck, and that the oral cavity of their patients emphasizes the same event again. More emphasis must be placed on the importance of simple, simple, economic and time-tested diagnostic techniques at both undergraduate and graduate levels in medical and dental schools. Similarly, it is recommended to use clinical history and clinical examination questionnaires to avoid significant random steps in the diagnostic procedure.

### CONCLUSION:

The Clinical history and clinical examination habits of dentists need to be improved.

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