

COMPETENCES OF GPs

What does a GP do?
What does a GP think?
What are his/her aims?
What does he say and why?

General
Practice
as...

Practice

Professional competence is ...

The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”

Epstein R.M., Defining and assessing professional competence. JAMA 2002; 287 (2): 226-235)

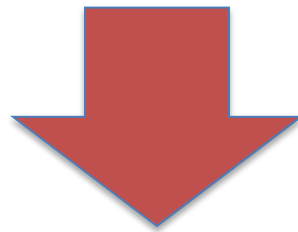
Competences of a good doctor

- Medical knowledge
- Patient care (clinical reasoning)
- Professionalism
- Communication and interpersonal skills
- Practice based learning (information management)
- System based practice (take into account the NHC as a whole)

Accreditation Council for Graduate Medical Education 2002

What are the basis of these competences?

- Uniform knowledge
- Curriculum of the training course
- Experimental apparatus to prove the validity of practice
- System to disseminate guidelines



DISCIPLINE

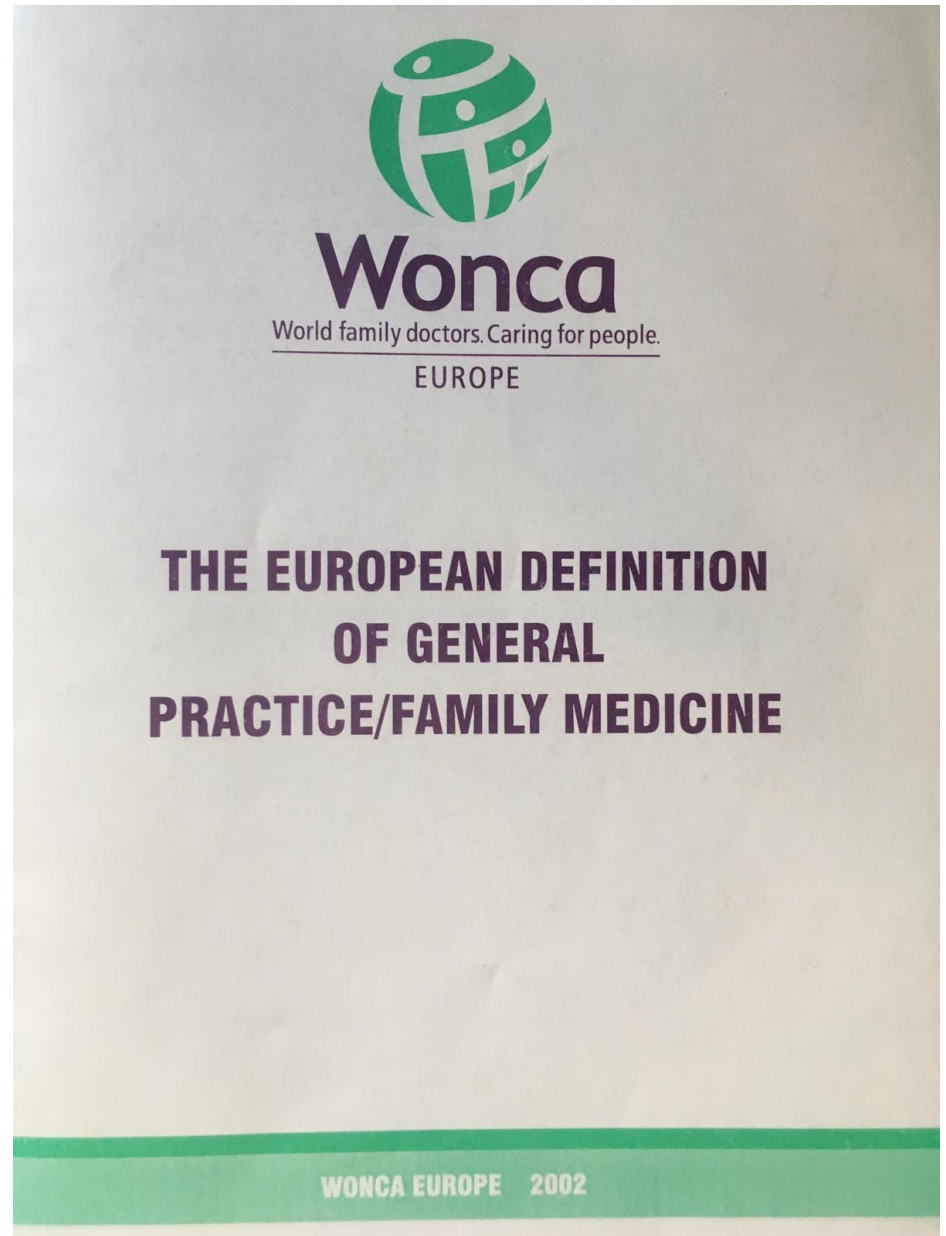
General Practice as...

Practice

Discipline

- In Europe since '70
 - 4 well known journals (*Family Practice, British Journal of General Practice, Canadian Medical Association Journal, Atention Primaria*)
- In Italy since '90
 - Caimi- Tombesi: Manuale di Medicina Generale 2003
- Bellino, Patierno, Giroto, Padula...

Core competences of GPs

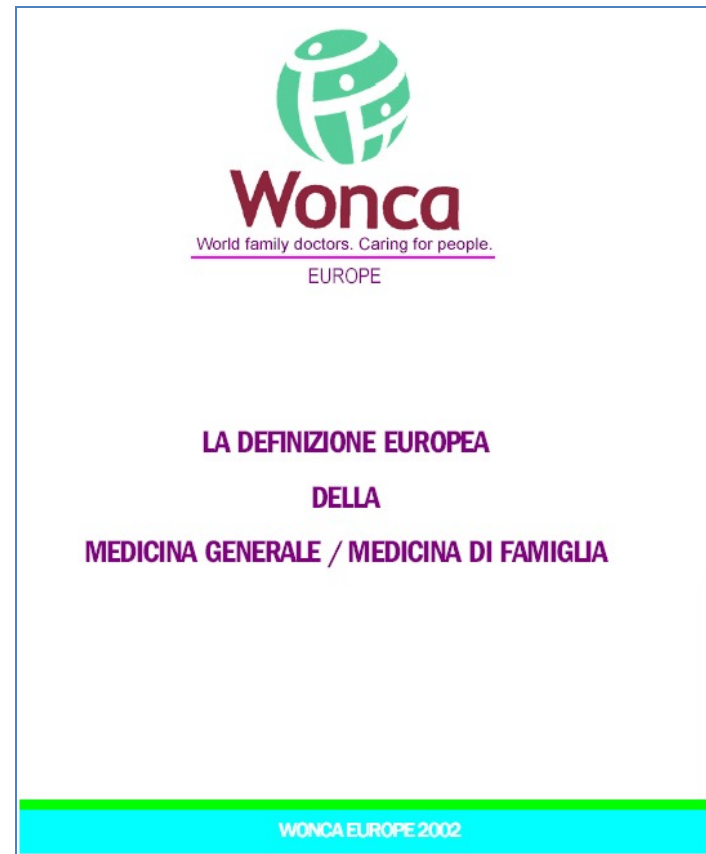


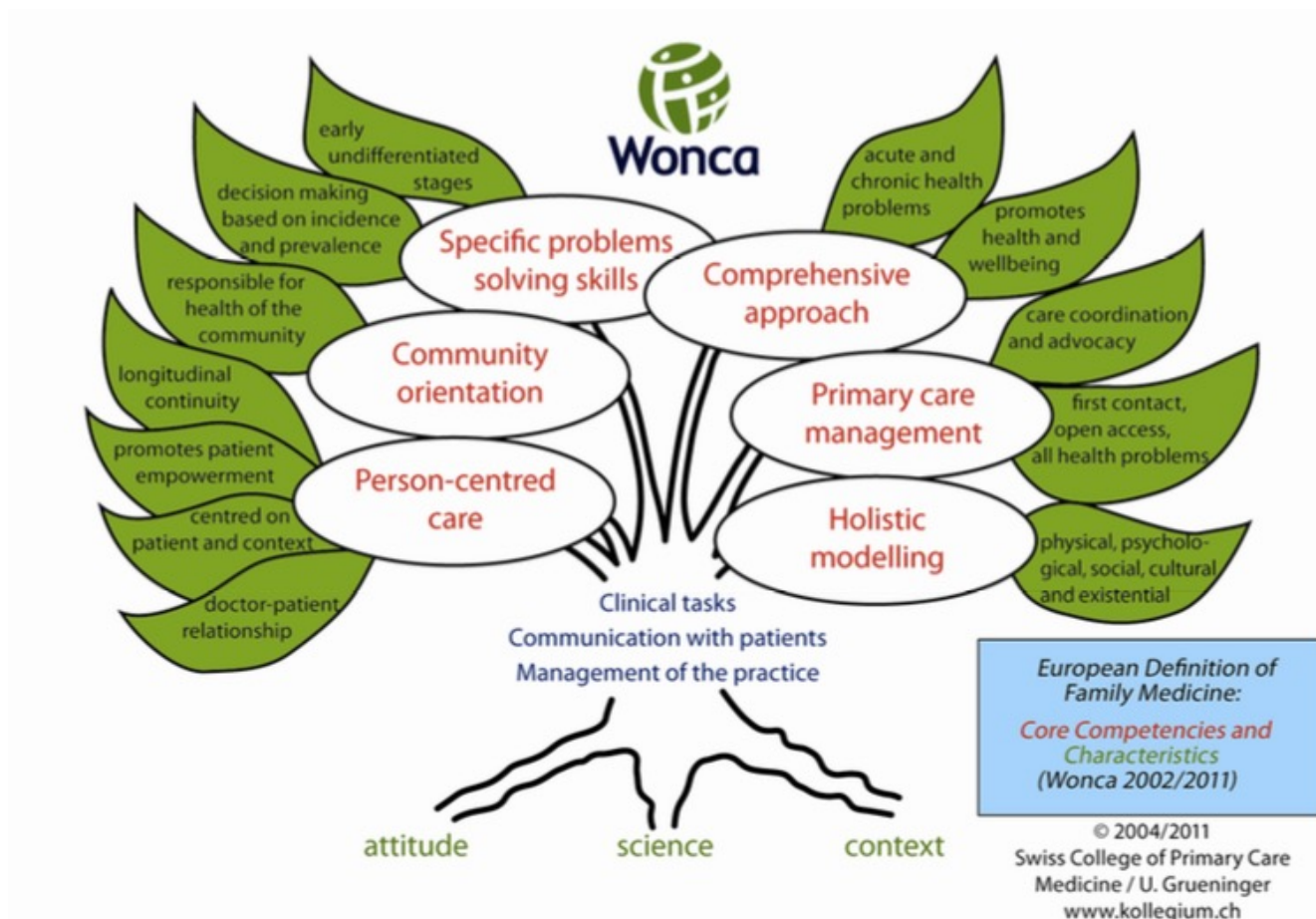
Treviso, october 24th 2003

Comitato Scientifico
WoncaEurope-2006

Definizione Europea di
Medicina Generale/di Famiglia
(2002)

Proposal to incorporate in the
italian contract of GP





Maria

- Maria is a widow 62 years old, and **she comes to the surgery** with lab test.
- I **read on the records** that she is in treatment with Angiotensin-converting enzyme inhibitors for hypertension, started three years ago, not controlled in a satisfying way, because of bad adherence. Indeed, she take medication in a discontinuous way, but this is not the only problem: in spite of the recommendation of the doctor about the diet and about lifestyle, she is not able to control her weight gain and she was not committed to follow doctor's advice. In other words, she is not cooperative to work out her condition by self management on habits.
- The lab test shows 12000 WBC, 240 cholesterol and 400 triglycerides. The other figures were normal.
- Maria says that she is worried about the high number of WBC, and she suspect to have an infection, because on the site "My personal trainer" they tell this.
- She adds: "I never was so heavy"

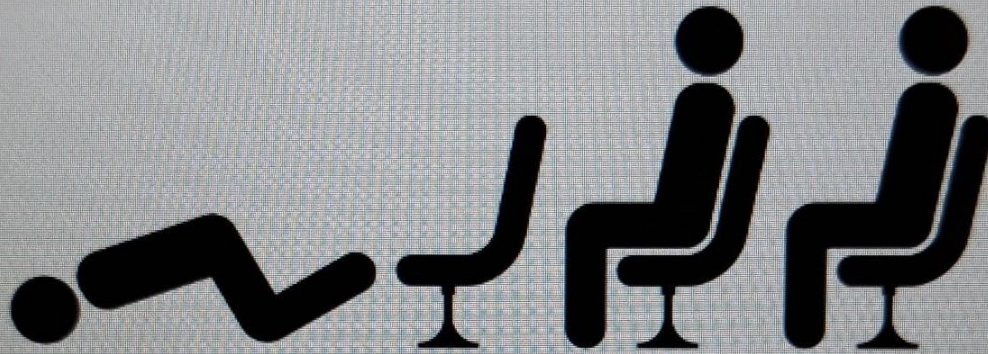
*Characteristic:
first contact*

- Maria is a 62 year old widow, and **she comes to my office** with her lab test results.



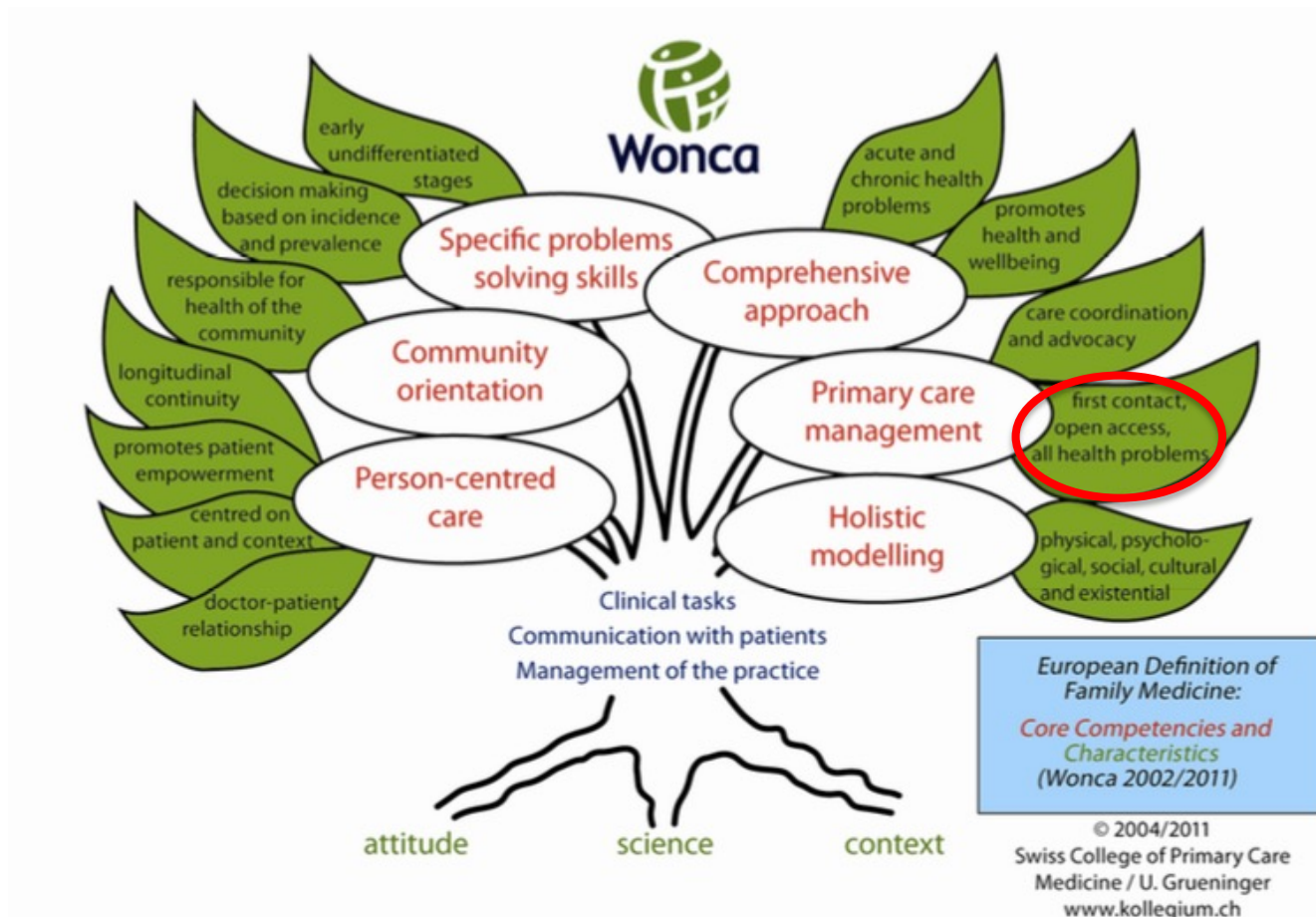
**Competence:
Primary care
management**

Doctor Waiting Room



**If you die whilst waiting
to see the doctor please
cancel your appointment**

WONCA tree



Maria

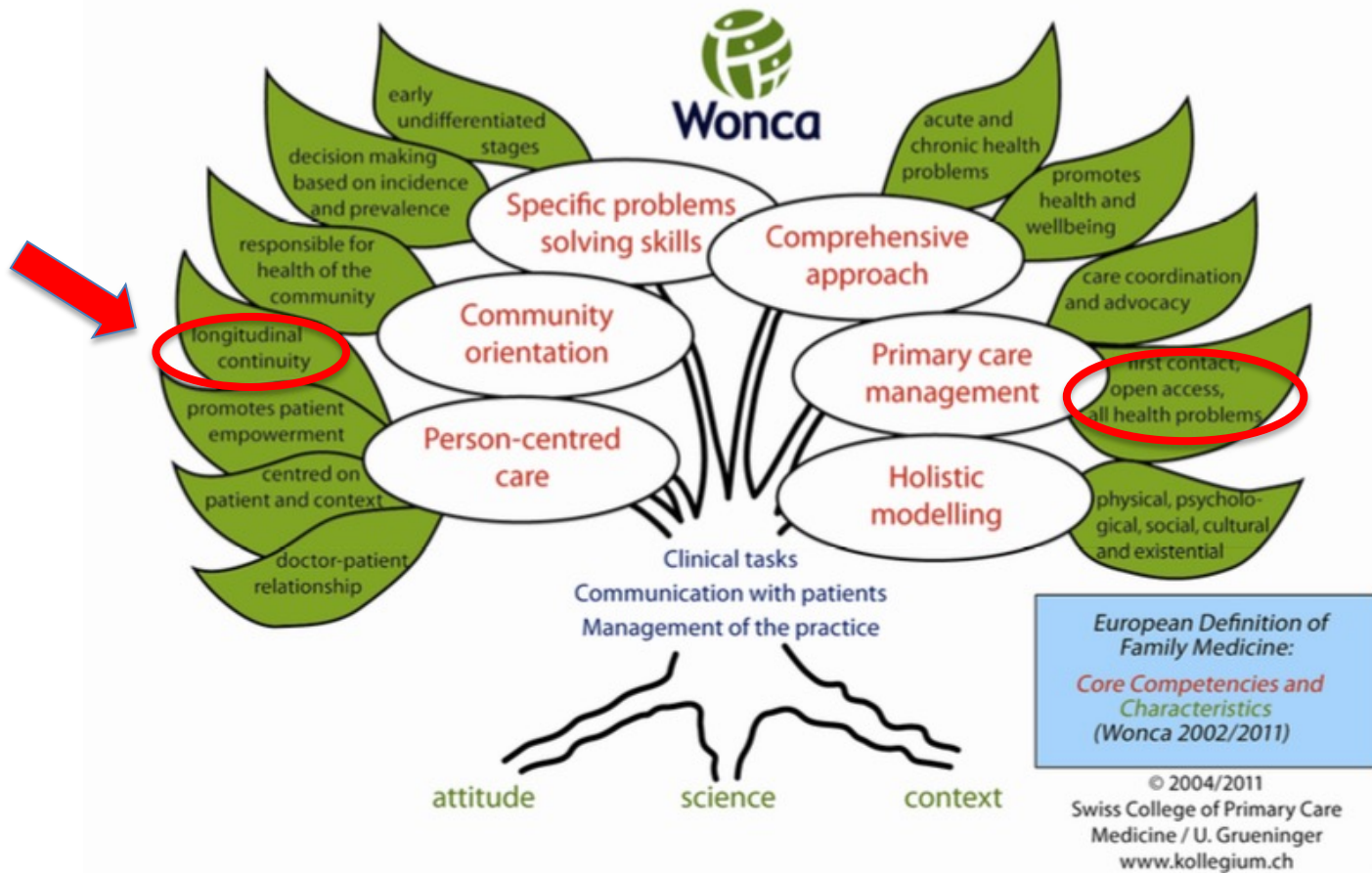
- Maria is a widow 62 years old, and **she comes to the surgery** with lab test.
- I **read on the records** that she is in treatment with Angiotensin-converting enzyme inhibitors for hypertension, started three years ago, not controlled in a satisfying way, because of bad adherence. Indeed, she take medication in a discontinuous way, but this is not the only problem: in spite of the recommendation of the doctor about the diet and about lifestyle, she is not able to control her weight gain and she was not committed to follow doctor's advice. In other words, she is not cooperative to work out her condition by self management on habits.
- The lab test shows 12000 WBC, 240 cholesterol and 400 triglycerides. The other figures were normal.
- Maria says that she is worried about the high number of WBC, and she suspect to have an infection, because on the site "My personal trainer" they tell this.
- She adds: "I never was so heavy"

CHARACTERISTIC:
*longitudinal
continuity*

- I read on the records that



- COMPETENCE
Person centred
care



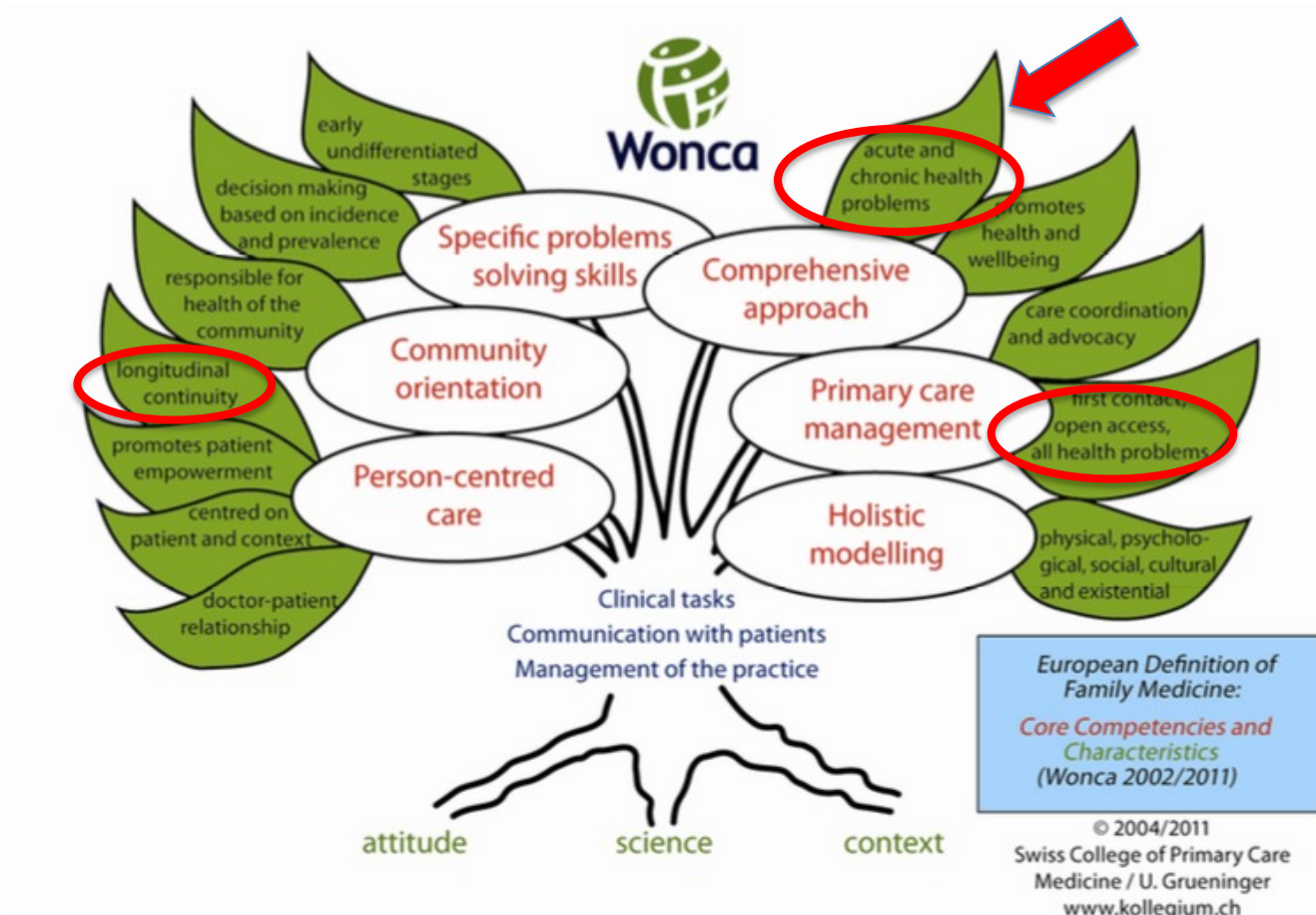
Maria 2

- **I'm wondering from where I can start:** is more important to discover the cause of the positive test and to manage the anxiety connected with the high number of WBC, or to treat the high blood pressure, which is an important risk factor, or to try to understand why she cannot control weight in this period of her life. **An answer appears in my mind: after the death of her husband she was upset for three months, and in the following period she became a little more quiet but... perhaps she eat more...**
- I decide that it is better to start from the presenting symptoms
- **I ask her if she has pain somewhere, especially in abdomen, if there is dysuria, and if there is some systemic symptoms. She denies everything.**
- On examination:
 - You take blood pressure and weight.
 - PAO is 170/80
 - Weight is 82 kg
 - BMI is 33
 - No tenderness in abdomen, and thorax examination is negative.
 - Then I ask the patient to dress and we sit down at the desk.
 - I give my evaluation:
 - "No infection is apparent to the clinical examination, **so it is hardly likely that something is wrong.** The WBC number is almost normal, and in this situation is better to follow the clinical findings than laboratory test. There is a rare chance that WBC could increase, therefore – for your safety- we shall test them another time in fifteen days, together with a PCR.

CHARACTERISTIC
*manages
simultaneously
both acute and
chronic health
problems*

- I start wondering where I can start from: is it more important to discover the cause of the abnormal test result and to manage the anxiety connected with the high number of WBC, or is it better to treat the high blood pressure, which is an important risk factor, or to try to understand why she cannot control weight in this period of her life?

- **Comprehensive approach**



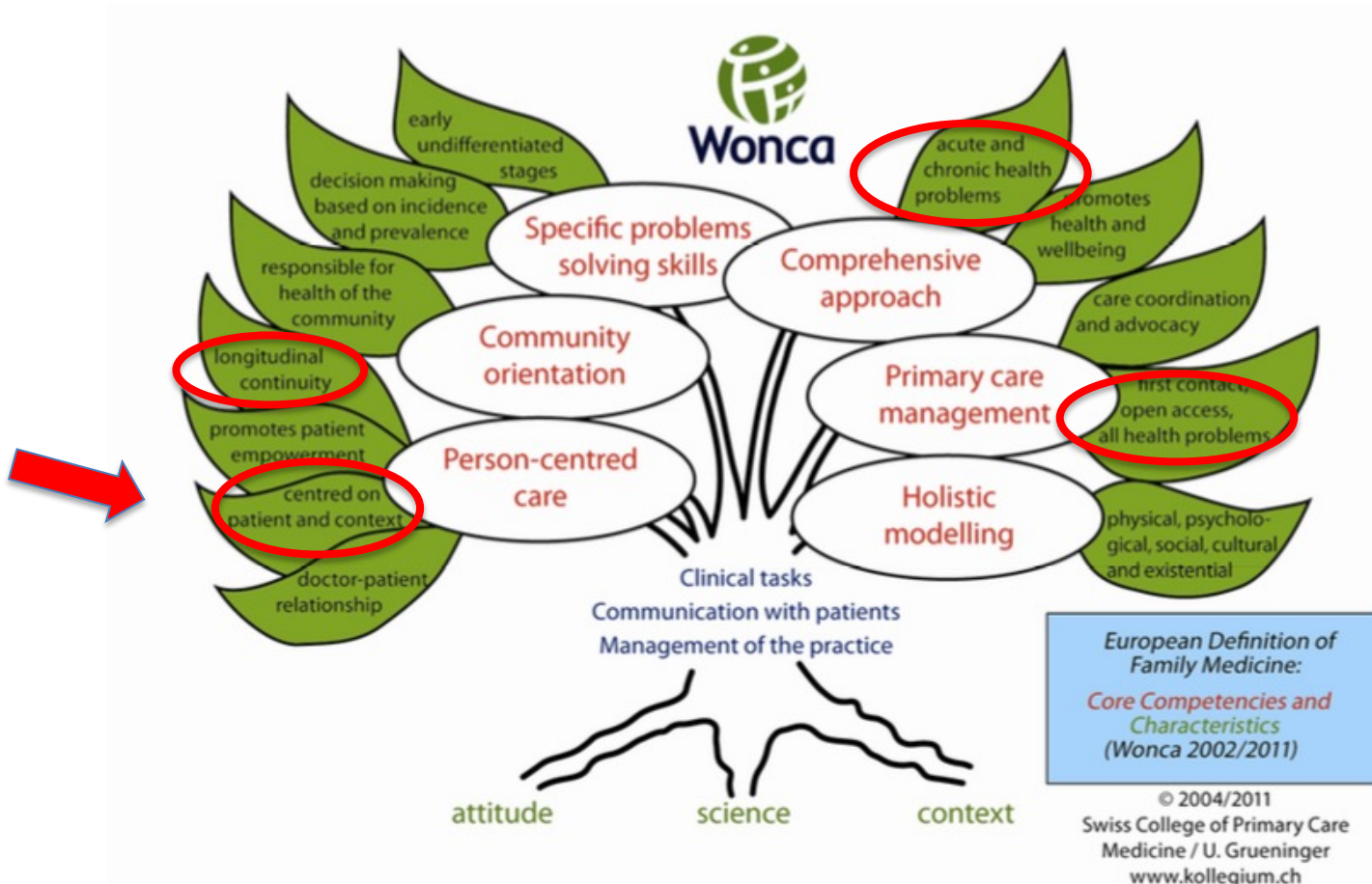
Maria 2

- **I'm wondering from where I can start:** is more important to discover the cause of the positive test and to manage the anxiety connected with the high number of WBC, or to treat the high blood pressure, which is an important risk factor, or to try to understand why she cannot control weight in this period of her life. **An answer appears in my mind: after the death of her husband she was upset for three months, and in the following period she became a little more quiet but... perhaps she eat more...**
- I decide that it is better to start from the presenting symptoms
- **I ask her if she has pain somewhere, especially in abdomen, if there is dysuria, and if there is some systemic symptoms. She denies everything.**
- On examination:
- You take blood pressure and weight.
- PAO is 170/80
- Weight is 82 kg
- BMI is 33
- No tenderness in abdomen, and thorax examination is negative.
- Then I ask the patient to dress and we sit down at the desk.
- I give my evaluation:
- "No infection is apparent to the clinical examination, **so it is hardly likely that something is wrong.** The WBC number is almost normal, and in this situation is better to follow the clinical findings than laboratory test. There is a rare chance that WBC could increase, therefore – for your safety- we shall test them another time in fifteen days, together with a PCR.

CHARACTERISTIC :
*centred on patient
and context*

- An answer appears in my mind: after the death of her husband she was upset for three months,

- **Patient centred care**




Maria 2

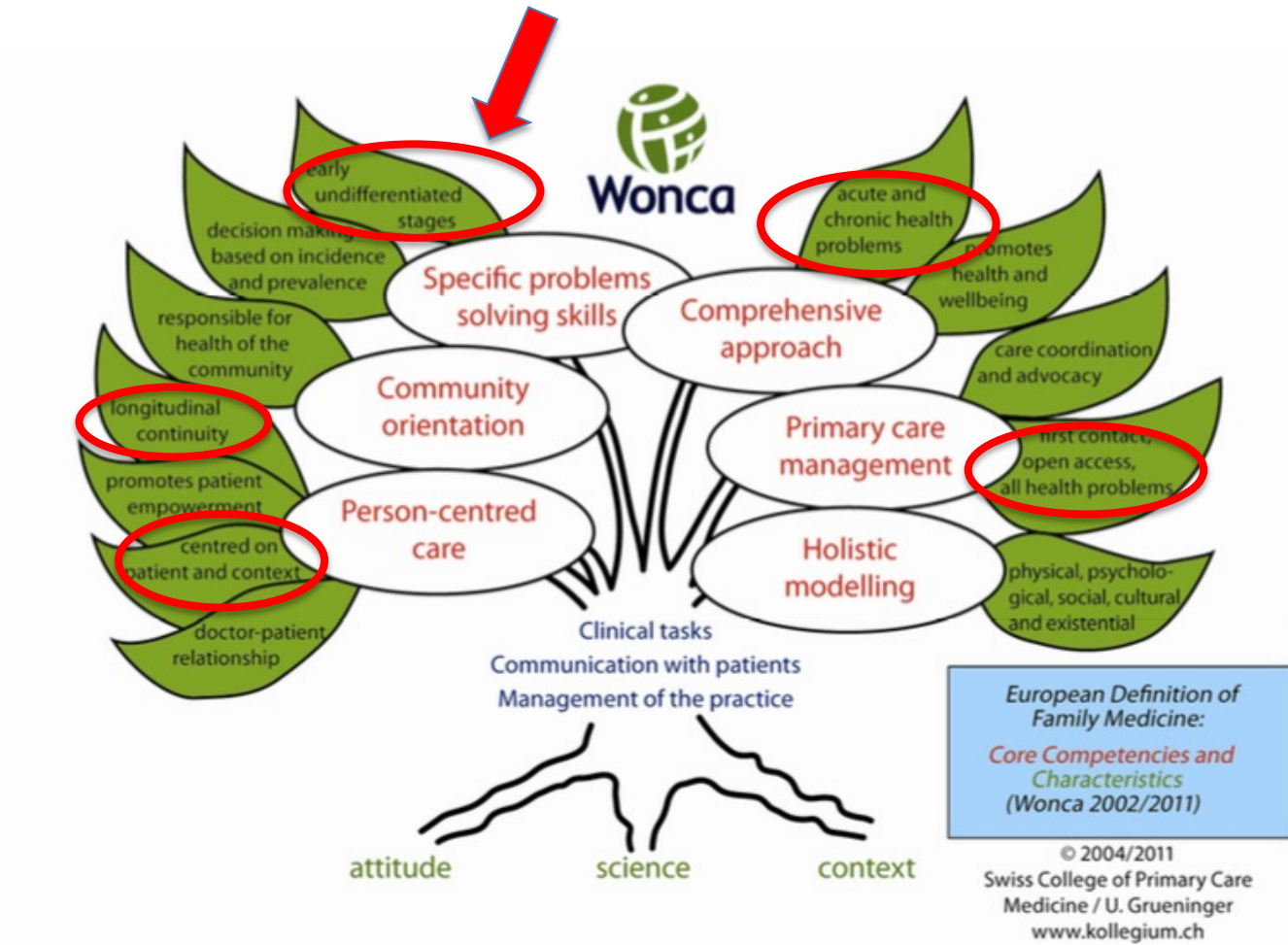
- **I'm wondering from where I can start:** is more important to discover the cause of the positive test and to manage the anxiety connected with the high number of WBC, or to treat the high blood pressure, which is an important risk factor, or to try to understand why she cannot control weight in this period of her life. **An answer appears in my mind: after the death of her husband she was upset for three months, and in the following period she became a little more quiet but... perhaps she eat more...**
- I decide that it is better to start from the presenting symptoms
- **I ask her if she has pain somewhere, especially in abdomen, if there is dysuria, and if there is some systemic symptoms. She denies everything.**
- On examination:
 - You take blood pressure and weight.
 - PAO is 170/80
 - Weight is 82 kg
 - BMI is 33
 - No tenderness in abdomen, and thorax examination is negative.
 - Then I ask the patient to dress and we sit down at the desk.
 - I give my evaluation:
 - "No infection is apparent to the clinical examination, **so it is hardly likely that something is wrong.** The WBC number is almost normal, and in this situation is better to follow the clinical findings than laboratory test. There is a rare chance that WBC could increase, therefore – for your safety- we shall test them another time in fifteen days, together with a PCR.

CHARACTERISTIC :
*manages illness which
presents in an
undifferentiated way at
an early stage in its
development, which may
require urgent
intervention.*

- I ask her if she has pain somewhere, especially in her abdomen, if there is dysuria, and if there are some systemic symptoms. She denies everything.



**Specific problem
solving skills**



Maria 2

- **I'm wondering from where I can start:** is more important to discover the cause of the positive test and to manage the anxiety connected with the high number of WBC, or to treat the high blood pressure, which is an important risk factor, or to try to understand why she cannot control weight in this period of her life. **An answer appears in my mind: after the death of her husband she was upset for three months, and in the following period she became a little more quiet but... perhaps she eat more...**
- I decide that it is better to start from the presenting symptoms
- **I ask her if she has pain somewhere, especially in abdomen, if there is dysuria, and if there is some systemic symptoms. She denies everything.**
- On examination:
 - You take blood pressure and weight.
 - PAO is 170/80
 - Weight is 82 kg
 - BMI is 33
 - No tenderness in abdomen, and thorax examination is negative.
 - Then I ask the patient to dress and we sit down at the desk.
 - I give my evaluation:
 - **"No infection is apparent to the clinical examination, so it is hardly likely that something is wrong.** The WBC number is almost normal, and in this situation is better to follow the clinical findings than laboratory test. There is a rare chance that WBC could increase, therefore – for your safety- we shall test them another time in fifteen days, together with a PCR.



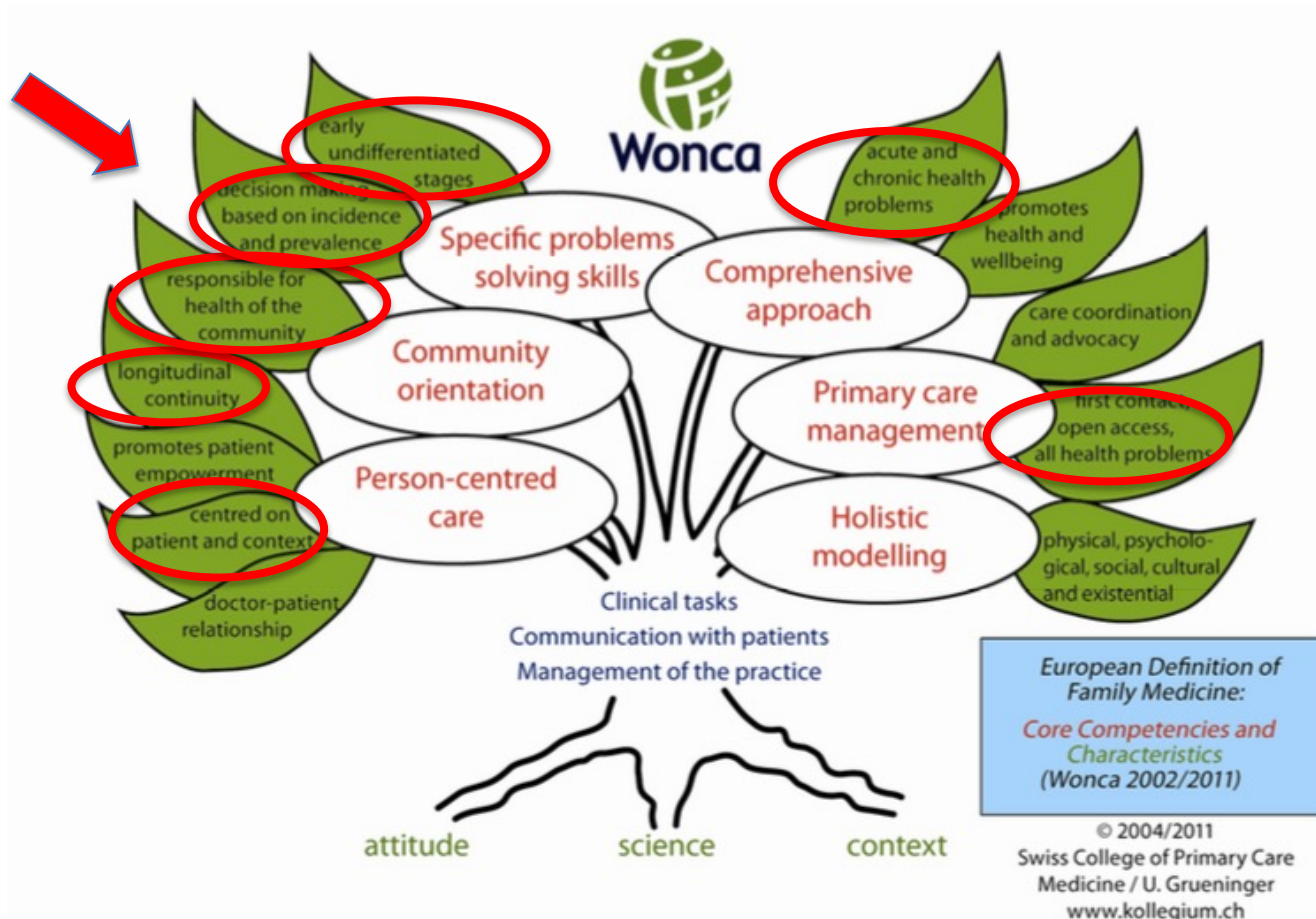
CHARACTERISTIC :
*has a specific decision making
process determined by the
prevalence and incidence of
illness in the community*

*has a specific responsibility for
the health of the community*

- I give my evaluation:
- “No infection is apparent to the clinical examination, so it is **hardly likely that something is** wrong. The WBC number is almost normal, and in this situation it is better to follow the clinical findings than laboratory test. There is a rare chance that WBC could increase, therefore – for your own safety- we shall test them another time in fifteen days, together with a PCR.
- If you experience any other symptoms, don't hesitate to contact me!



Specific problem solving skills
Community orientation



Maria 3

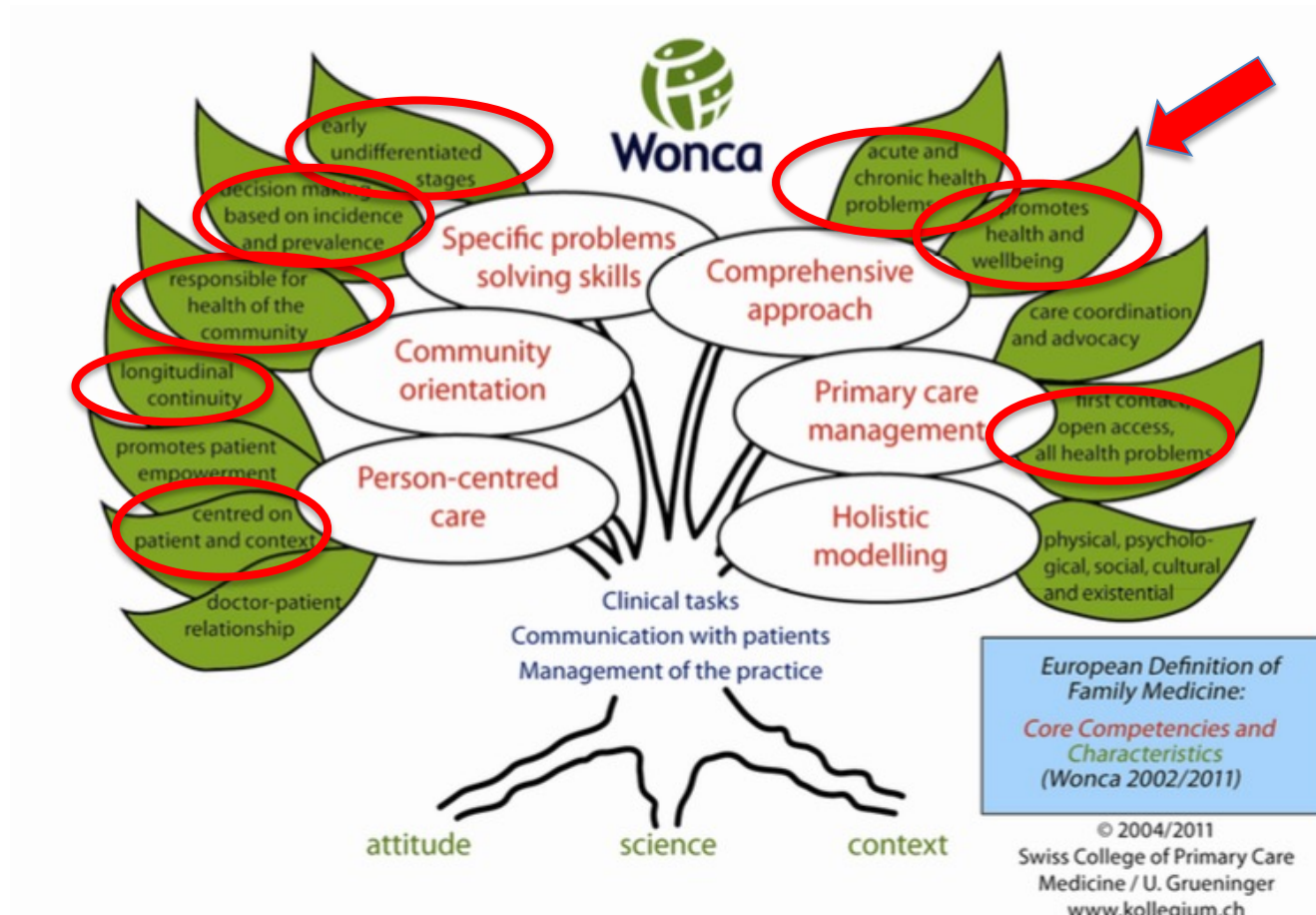
- If you feel something wrong don't hesitate to contact me!
- Otherwise my concern is for your weight and for your high blood pressure. DO you know that you are at risk?
- We have to work together to change lifestyle and to be more keen on taking your medicine!"
- Maria asks: "What can I do?"
- I answer: **"You have several options: to reduce calories intake, to walk- at least 10,000 steps a day..."** Maria interrupt me: **"I don't want to walk, I feel me weak, I feel me empty!"**
- **"Empty?"**
- **"Yes, doctor, I am not sad anymore, but I don't feel anything, I don't remember even my husband's face... I sit down at home and I eat bread and butter..."**
- **"I suspect you are a little depressed, a depression connected with the death of your husband..."**
- "And what can I do?"
- "Did you take into consideration to have a consultation with a psychiatrist or with a psychologist ?"
- "My friend Lara told me... If you say so, I follow your advice!"
- **"OK! Now I write the referral for the Mental health Centre, you can call them, here is the telephone number.** Then you promise me that you set an alarm on your mobile remembering you medicines. And I see you in fifteen days! I give you an appointment right now, in a day which is not so busy, so we shall have half an hour to talk"
- "Thanks doctor, you are always so kind! Good bye!"
- "Good bye Maria!"
-

CHARACTERISTIC :
*promotes health
and wellbeing*

- You have several options: Firstly, you should reduce your calorie intake, Secondly, you should walk- at least 10,000 steps a day...”



**Comprehensive
approach**



CHARACTERISTIC :
*manages illness which
presents in an
undifferentiated way at
an early stage in its
development, which may
require urgent
intervention.*


- I don't want to walk, I feel weak, I feel empty!"
- "Empty?"
- "Yes, doctor, I am not sad anymore, but I don't feel anything, I don't even remember my husband's face... I sit down at home and I eat bread and butter..."
- "I suspect you are a little depressed"

This is a nonspecific
symptom
It suggest a deeper
investigation

**Specific problem
solving skills**



Maria 3

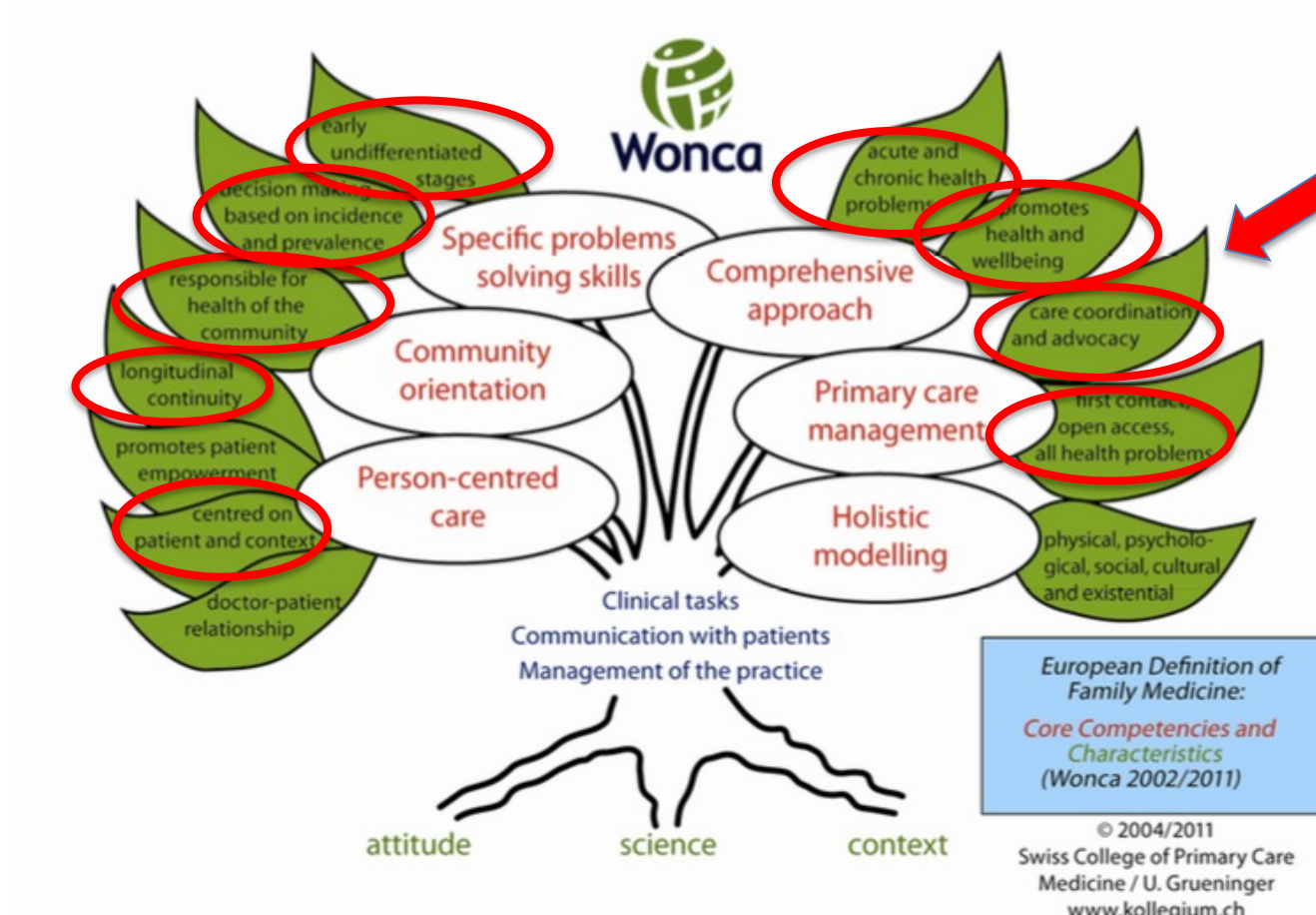
- If you feel something wrong don't hesitate to contact me!
- Otherwise my concern is for your weight and for your high blood pressure. DO you know that you are at risk?
- We have to work together to change lifestyle and to be more keen on taking your medicine!"
- Maria asks: "What can I do?"
- I answer: "You have several options: to reduce calories intake, to walk- at least 10,000 steps a day..." Maria interrupt me: "I don't want to walk, I feel me weak, I feel me empty!"
- "Empty?"
- "Yes, doctor, I am not sad anymore, but I don't feel anything, I don't remember even my husband's face... I sit down at home and I eat bread and butter..."
- "I suspect you are a little depressed, a depression connected with the death of your husband..."
- "And what can I do?"
- "Did you take into consideration to have a consultation with a psychiatrist or with a psychologist ?"
- "My friend Lara told me... If you say so, I follow your advice!"
-  "OK! Now I write the referral for the Mental health Centre, you can call them, here is the telephone number. Then you promise me that you set an alarm on your mobile remembering you medicines. And I see you in fifteen days! I give you an appointment right now, in a day which is not so busy, so we shall have half an hour to talk"
- "Thanks doctor, you are always so kind! Good bye!"
- "Good bye Maria!"
-

CHARACTERISTIC :
*Care coordinating
and advocacy*

- Now I will write the referral for the Mental health Centre,



Primary care management




Maria 3

- If you feel something wrong don't hesitate to contact me!
- Otherwise my concern is for your weight and for your high blood pressure. DO you know that you are at risk?
- We have to work together to change lifestyle and to be more keen on taking your medicine!"
- Maria asks: "What can I do?"
- I answer: "You have several options: to reduce calories intake, to walk- at least 10,000 steps a day..." Maria interrupt me: "I don't want to walk, I feel me weak, I feel me empty!"
- "Empty?"
- "Yes, doctor, I am not sad anymore, but I don't feel anything, I don't remember even my husband's face... I sit down at home and I eat bread and butter..."
- "I suspect you are a little depressed, a depression connected with the death of your husband..."
- "And what can I do?"
- "Did you take into consideration to have a consultation with a psychiatrist or with a psychologist?"
- "My friend Lara told me... If you say so, I follow your advice!"
- "OK! Now I write the referral for the Mental health Centre, you can call them, here is the telephone number. Then you promise me that you set an alarm on your mobile remembering you medicines. And I see you in fifteen days! I give you an appointment right now, in a day which is not so busy, so we shall have half an hour to talk"
- "Thanks doctor, you are always so kind! Good bye!"
- "Good bye Maria!"
-

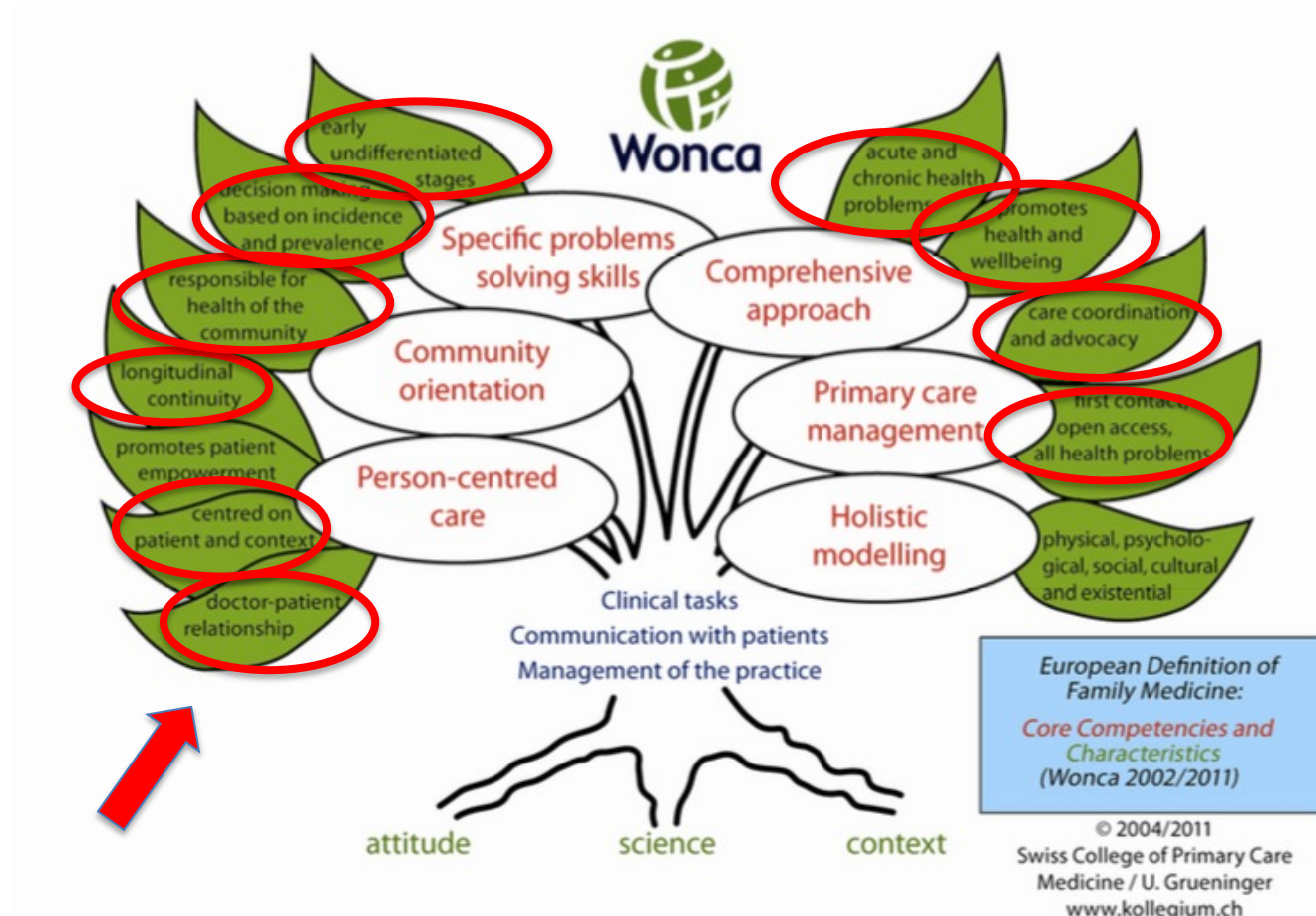


CHARACTERISTIC :
*doctor patient
relationship*

- I will schedule an appointment right now, for a day which is not so busy, so that we can have half an hour to talk.”



**Person centred
care**



Maria

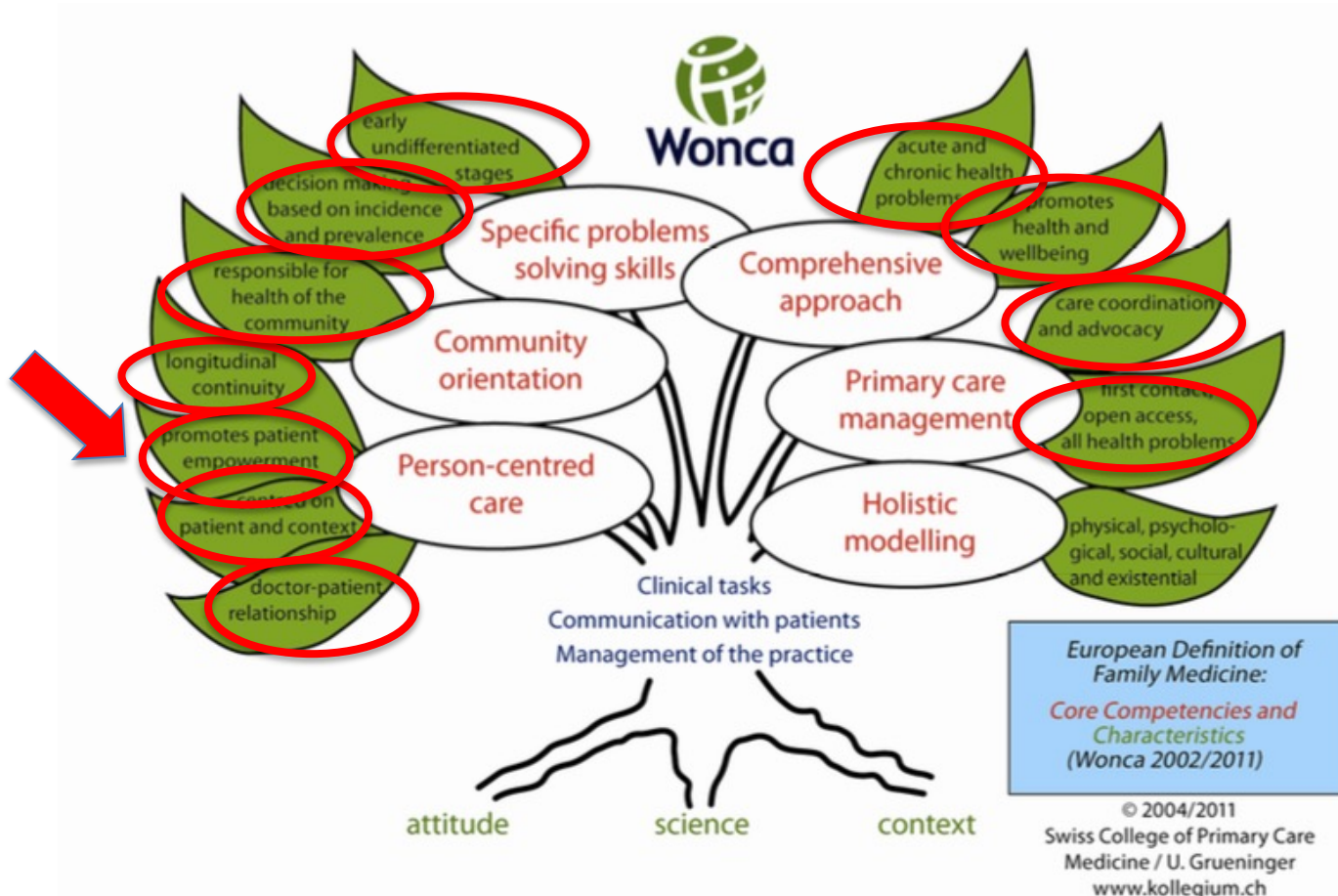
- I think that is better to start modifying the deeper cause of the higher risk, the depression, and perhaps Maria, less depressed, will be able to make more exercise and to eat less food, to have more adherence to the therapy. **In fifteen days I will reinforce the messages and control how she behaves.**
-
-
- After fifteen days I see Maria: she is taken Citalopram 20 milligrams a day and she is enthusiast of her psychiatrist, **she eat less bread and butter and she feels a little better. Her PAO is 155/80**
- The number of WBC is normal.
- We discuss about healthy foods and she takes into account to pay attention to what she intakes.
- Inside me **I wonder if Maria is getting better for Citalopram or because of the helpful psychiatrist...**
-

CHARACTERISTIC :
*promotes patient
empowerment*

- In fifteen days I will re-evaluate her behaviour and give her more suggestions on how to improve her high risk status.



Person centred care



Maria

- I think that is better to start modifying the deeper cause of the higher risk, the depression, and perhaps Maria, less depressed, will be able to make more exercise and to eat less food, to have more adherence to the therapy. **In fifteen days I will reinforce the messages and control how she behaves.**
-
-
- After fifteen days I see Maria: she is taken Citalopram 20 milligrams a day and she is enthusiast of her psychiatrist, **she eat less bread and butter and she feels a little better. Her PAO is 155/80**
- The number of WBC is normal.
- We discuss about healthy foods and she takes into account to pay attention to what she intakes.
- Inside me **I wonder if Maria is getting better for Citalopram or because of the helpful psychiatrist...**
-



CHARACTERISTIC
*deals with health
problems in their
physical,
psychological, social,
cultural and
existential dimensions*

She eats less bread and
butter and she feels a
little bit better. Her
Systolic/diastolic blood
pressure is 155/80.

The doctor:

Goes over every aspect
required to assess the general
health of the person

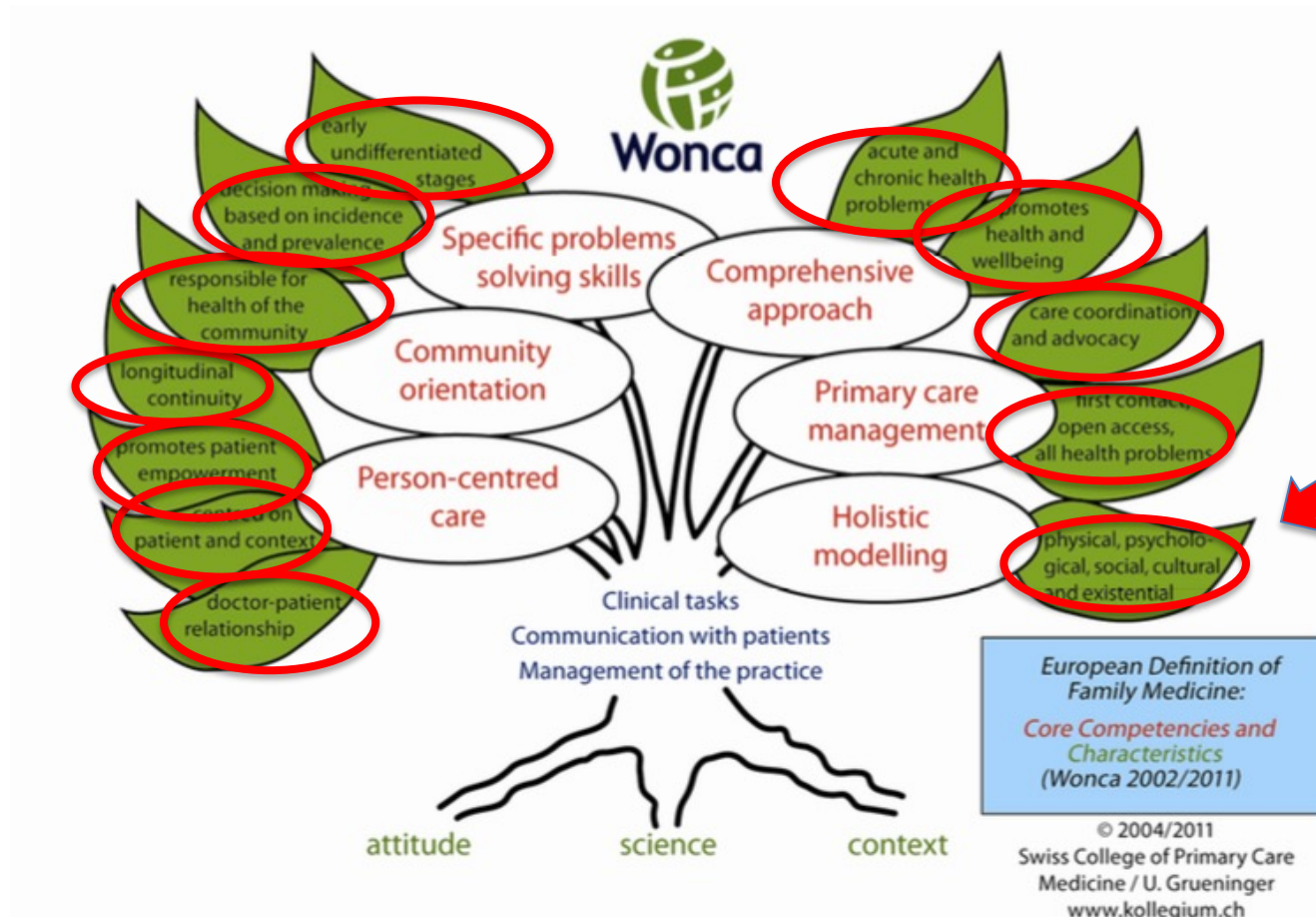
Tailors that approach to the
patient

Focuses on both the medical
aspects and the psychological
ones

Focuses his attention on the
reasons at the base of those
problems to assess whether the
clinical findings are related to
her lifestyle or to deeper
psychological reasons.



**Holistic
modelling**



Maria

- I think it is better to start modifying the deeper cause of the higher risk, the and perhaps Maria, less depressed, will be able to make more eat less food, to have more adherence to the therapy. **In fifteen the messages and control how she behaves.**
-
-
-
- After fifteen she is taken Citalopram 20 milligrams a day and she is enthusiastic **she eat less bread and butter and she feels a little better. Her PACO**
- The number of W
- We discuss about and she takes into account to pay attention to what she intakes.
- Inside me **I wonder if Maria is getting better for Citalopram or because of the helpful psychiatrist...**
-

Why Maria is getting better?

Maria

- I think it is better to start modifying the deeper cause of the higher risk, the and perhaps Maria, less depressed, will be able to make more eat less food, to have more adherence to the therapy. **In fifteen the messages and control how she behaves.**
-
-
-
- After fifteen she is taken Citalopram 20 milligrams a day and she is enthusiastic **she eat less bread and butter and she feels a little better. Her PACO**
- The number of W
- We discuss about and she takes into account to pay attention to what she intakes.
- Inside me **I wonder if Maria is getting better for Citalopram or because of the helpful psychiatrist...**
-



UNCERTAINTY