



Fig. 1: Brain MRIs demonstrating hyperintense lesions in middle cerebellar peduncles on axial T2 weighted brain MRI (Part A), similar intensities in the tectum and tegmentum of midbrain on the left side (Part B), intense enhancement of mammillary bodies on the T1 weighted MRI with contrast (Part C), and hyperintense lesions in the medial portions of thalami in diffusion weighted MRI (Part D).

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Are General Physicians Prepared to Respond to Telephone Consultations?

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Telephone advice is a cost effective method of management of certain diseases. This study was designed to assess the function of general physicians in answering telephone consultations. A woman called the General physicians of Emergency Departments of hospitals and presented a 6 year old boy with acute attack of asthma and asked the physician to guide her about what she should do at home. Only 22% of physicians suggested a correct management for the patient.

Telephone consultations (TC) are not answered accurately by our physicians and it should be taught to medical students. TC is a main step of the process of managing patients in some developed countries and is especially

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helpful for the people whose access to physician is low. Unfortunately, this method is not used routinely in our country and physicians have not been trained for it.

Asthma is a common disorder home management of which is very important^[1,2]. In this study we tried to assess the function of general physicians (GP) of Emergency Departments (ED) of general hospitals in answering TC.

The study was conducted on the GPs of all EDs of general hospitals in Fars Province by calling them by a woman and presenting a case of acute attack of asthma. The presentation was as follows: "I have a 6 y/o boy, a known case of asthma under supervision of a pediatrician. Since last night, he has frequent coughs. My husband is not at home now and I cannot bring my son to hospital. Would you please help me about what I should do?"

A questionnaire was provided which included all necessary questions and the recommendations that should be given by GPs. For each question that physician might ask, an answer was designed and included in the questionnaire. The caller woman answered the questions exactly like the questionnaire. These answers guided the GPs to the assumption that the supposed patient is in mild acute attack of asthma. Validity of the questionnaire was approved by three pediatric allergists and its reliability was tested and approved by several pediatric residents before starting the study.

The points and advices that should be mentioned by physicians are categorized in 3 groups:

1. Assessing the severity of attack
2. Finding risk factors
3. Management

This study was approved by Ethics Committee of Shiraz University of Medical Sciences.

All 41 EDs of Fars province hospitals were enrolled in the study. Among all 41 GPs 25 (61%) did not evaluate the severity of attack. 32 (78%) physicians ignored evaluation of risk factors. Only 9 (22%) of them properly advised the mother to manage her child's attack with salbutamol inhaler and to bring him to hospital if he had no improvement with this management.

A mean of 63 seconds (total range 28-150 seconds) was spent by physicians to evaluate

and advise the mother of the mock presumed patient.

In this study, 80% of the physicians of EDs answered the TC inappropriately. It should be considered that these physicians are managing the cases of asthma attack routinely in EDs, and therefore they have an acceptable ability to manage these patients in face to face visits.

Telephone-based management of asthmatic patients in another study took an average of 10 minutes per call^[1], but regarding the very short average duration of each telephone consultation by physicians of our study (only 63 seconds), we can conclude that ED physicians do not believe in the importance of telephone consultation and do not consider the need of the patients to be guided by telephone interview.

The results of multiple studies showed the effectiveness and importance of telephone management in the treatment of different acute and chronic disorders^[3]. Bunn et al in a review article^[4] concluded that TC can reduce immediate physician visits, the patients are satisfied and it is not associated with increased adverse effects.

Responding to telephone consultation is not performed correctly in our hospitals, and our physicians do not spend enough time for this important issue. It is suggested that this important issue be included in the educational programs of medical students.

Key words: Telephone advice; Consultation; General Physician

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