

## DIAGNOSING COMPLEX PATIENTS IN SPECIALISED UNITS

**C. Rossen<sup>1</sup>, N. Buus<sup>2</sup>, B. Nielsen<sup>1</sup>, E. Stenager<sup>3,4</sup>, E. Stenager<sup>1</sup>**

<sup>1</sup>Department of Mental Health Odense, University Clinic, <sup>2</sup>Health, Man and Society, Institute of Public Health, University of Southern Denmark, <sup>3</sup>Institute of Regional Research, University of Southern Denmark, Odense, <sup>4</sup>MS-Clinic of Southern Jutland (Sønderborg, Esbjerg, Vejle), Dept of Neurology, Sønderborg Hospital, Sønderborg, Denmark

Recent developments of the Danish Health Care Sector have created new, large scale specialised units with standardized trajectories for patients undergoing diagnostic assessment. In the present study, the assessment process is defined as the psychosocial process through which clinical knowledge about the patients' illness is collected and evaluated.

A group of patients, the complex patients, present diffuse symptoms and may have rivalling illnesses and needs help from various specialised functions. This group of patients can have problems getting their diffuse symptoms categorised and legitimised.

The aim of the study is to gain knowledge about how complex patients are diagnostically assessed in specialised units. The focus will be on organizational, professionals and patient perspectives. Knowledge about diagnostic assessment is important because it is a great individual, social and economic problem that complex patients are circulated in the health care system without a proper diagnosis and treatment.

The diagnostic process will be examined in two specialised units, a sclerosis unit and a mental health unit. Both clinics are specialised in assessment of patients who have complex problems. The clinical experience is that these units often get patients referred, which have not been possible to assess anywhere else in the system.

The sample will consist of 20 patients, who are categorized as complex patients, as well as the healthcare professionals who are affiliated with the patients. Data will be collected by means of ethnographic fieldwork, interviews , audio recordings of consultations, collection of journals and written material from the units.