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Clinical Decision Making

- Patients still die from 'simple' things either **missed, delayed** or **done sub-optimally** due to the variation in the ability to make a proper clinical decision at the proper time.
 - Decisions take place in every step in medicine.
 - "What is the best next thing to do for this patient at this time?" >> **underlies all clinical decision making.**
- Correct answer** >> related to **the quality of patient outcomes.**

- Duties & Responsibilities of Doctors:

- Clinical decision making is the process by which we determine **who needs what, when (subjective).**
- Every doctor has certain rights and privileges and he must fulfill the duties and responsibilities of a doctor.

- Good medical practice:

Domain 1: Knowledge, skills and performance

Domain 2: Safety and quality

Domain 3: Communication

Domain 4: trust

I- Essential element of good Standard of Practice and Care:

- Professional **competence.** -**good relations** with patients and colleagues.
- respect for **the patient's autonomy** (think, decide & act)
- Observance of professional **ethical obligations.**

PROFESSIONAL COMPETENCE: It is the habitual and reasonable **use of communication, knowledge, skills** ,,etc for the **benefit of the individual and community.**

It is built on these **basics: clinical skills, scientific knowledge and moral development.**

****The important areas of competency (core competencies "6 areas") :**

1-Patient care: compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2- Medical Knowledge: biomedical, clinical, epidemiological and social-behavioral sciences.

3-Communication skills: -effective **exchange** of information.

Residents are expected to:

- **Communicate effectively** with patients, families, physicians and health professionals.
- **Work effectively** as a member or leader of a health care team.
- Act in a **consultative role** to other physicians.
- Maintain comprehensive, timely, and legible **medical records.**

4-Professionalism :

Carrying out professional responsibilities and an adherence to ethical principles.

The graduated Dr expected to demonstrate:

- **Compassion** and **respect** for others. - **Respect** for patient privacy and autonomy.
- **Responsiveness** to patient needs that **supersedes self-interest**.
- **Accountability**.
- **sensitivity and responsiveness** to a diverse patient population (**no discrimination**)

5- Practice-Based Learning and Improvement (PBLI):

Residents must:

- **Investigate** and **evaluate** their care of pts. - **assimilate** scientific evidence,
- continuously improve patient care based on **self-evaluation** and **life-long learning**.

Residents are expected to develop skills and habits to be able to meet the following goals:

- practice using quality improvement (**QI**) methods
- assimilate evidence from scientific studies - (evidence-based medicine)
- use information technology to optimize learning
- participate in the education of patients and others

6- Systems-Based Practice (SBP)

Residents must **demonstrate an awareness of to the larger context** and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

- Residents are expected to :
- **Work in various health care delivery systems.**
- **Incorporate considerations of cost awareness** and **risk-benefit analysis** in patient.
- Work in **interprofessional teams**.
- **identifying** system errors and **implementing** solutions.

II. Good Clinical Care must include:

- An **adequate assessment** of the patient's condition.
- provide **investigations** and **treatment**.
- Referring** the patient to another practitioner, when indicated.
- **Keep medical records**. (which report the relevant clinical findings, the decisions made, and any drugs given)
- Pay due regard **to efficacy and the use of resources**.
- **Keep your colleagues well informed** when sharing the care of patients.

III- Maintaining Good Medical Practice

Keeping up to date (in **knowledge, skills**, educational activities, reading **medical journals, laws** and codes of conduct)

IV- Maintaining trust and Professional relationships

Successful patient-doctor relationship depends on **trust** by:

1- **Listen** to patients and respect their views.

2- **Respect patient's privacy.**

3- Give patients the information **they request.**

-If less than 18y -> we tell his parents.

-Patients have the right to keep the diagnosis **confidential** even from their family.

4- Be satisfied that, the patient has **understood** and **consents** to it before treatment is started.

- respect the right of patient to :

- be fully involved in decision about their care
- decline treatment
- a second opinion

5- The investigations and treatment you provide must be based on your clinical judgment of the **patient's needs** (no discrimination).

6- Patients who complain about the care and treatment they have received, have a right to expect a prompt and appropriate response and you have to deal with the complaint of patients constructively and honestly.

7-You must **not** allow a patient's complaint influence the care or treatment you provide to the patient.

-all medical information about your patient shall be treated as **confidential** and **not disclosed**, except **with the patient consent.**

8- Circumstances of disclosing the info about patients ;

Disclosure to **colleagues for treatment.

Disclosure for **teaching purposes.

Disclosure according to a **Court Order which shall be addressed through the Medical Director.

Disclosure to the **family of an incompetent person.

** Disclosure in the **public interest**, this includes:

- **Notifiable** diseases to health authority.
- Disclosure to the family if he has a **communicable disease** (STD), AIDS, Hepatitis, etc....
- Disclosure for public safety purposes as airline pilots or public transport drivers.
- **Mental disturbance** which affects the safety of society.
- Disclosure of child, women or elderly abuse.

V- Abuse of your Professional position

You must **NOT**:

* abuse your patient's trust

* Use your position to **establish improper relationships** with patients or their relatives.

* Recommend an investigation or treatment that you know **is not in the best interest of the patient.**

* Put pressure on patient to accept **private treatment.**

* Induce patients **to use only the Medication or device** of a certain trademark, **unless it is for legitimate reasons.**

VI- Your Duty to protect all patients

- Protect patients when you believe that a doctor's performance is a threat to them.

-Before taking action:

1- You should find out the facts. 2- **If necessary** tell an appropriate person.

(The safety of the patient must always come first)

- To help keep patients **safe** you must:

a. contribute to **confidential inquiries**. b. contribute to **adverse event recognition**.

c. Report **adverse incidents** involving medical devices like catheter.

d. Report **suspected adverse drug reaction**.

e. **Respond to requests** from organizations monitoring public health.

When providing information for these purposes you should **still respect patients' Confidentiality**.

Respond to risks to safety

A. If a patient is **not receiving basic care** >> you must **tell someone** who is in position.

B. If patients are at risk **because of inadequate** premises, equipment, or other resources, >> You should **put the matter right if that is possible**.

C. If you have concerns that a **colleague may not be fit to practice and may be putting patients at risk** >> you must ask for **advice** from a colleague.

D. Whether or not you have **vulnerable adults or children and young patients** >> you should make them safe from **being abused**.

E. Protect **patients** and **colleagues** from any **risk posed by your health**

SHARING VISION on CHALLENGES in HEALTH IMPROVEMENT

The main stakeholders must decide to work together and must agree on a set of fundamental values.

- the values to reach the goal of health for all:

1- **Relevance** 2- **Quality** 3- **Cost-effectiveness** 4- **Equity**

1- Relevance: degree to which the most important problems are **tackled first**.

Primary attention should be given to:

1- Most severe. 2- most prevalent. 3- community concern. 4- availability of treatment.

Relevance also update a **plan** to address the **priority** health need.

2- Quality:

- **High quality** -> **evidence-based data, appropriate technology** to deliver comprehensive health care.

- **Universal** but the definitions **differ** with socio-cultural context.

High quality in health care must therefore encompass:

- **Technical criteria** set by health care **providers**.

- **Comfort criteria** set by health care **consumers** (patient satisfaction).

3- Cost-effectiveness :

- The rise in health care costs is due to universally observed phenomena:

Specialization, increased access and demand, chronic health problems and co-morbidity, the incidence of cancer, costly treatment.

- All health policy-makers and health care providers must give urgent attention to the **containment of cost without compromising effectiveness in health care.**

(Cost-effective health care systems are those that have the **greatest positive impact** on the health of a society **while making the best use of its resources.**)

4- Equity: high-quality health care available **to all.**

- All People receive care to be able to (**main goal for WHO**) :

1-work productively. 2- Participate actively in the social life.

- Equity means that people's needs, rather than social privileges, guide the distribution of opportunities for wellbeing.

THE EMERGENCE of the FIVE-STAR DOCTOR

- The concept of the “five-star doctor” proposed as an ideal profile of a doctor possessing **a mix of aptitudes to carry out the range of services** that health settings must deliver to meet the requirements of relevance, quality, cost-effectiveness and equity in health.

** Health care delivery system is characterized by 3 splits:

- The split between **medicine** and **public health**.
- The split between **generalists** and **specialists**.
- The split between the **health sector** and **other sectors** with a bearing on health.

-The five-star doctor: *Care provider * Decision-maker * Communicator
* Community leader * Manager

1- Care-provider: Besides giving individual treatment “five-star doctors ” must take into account the total (physical, mental and social) needs of the patient.

2- Decision-maker: decisions that can be justified in terms of **efficacy and cost**.

3- Communicator:

Lifestyle aspects such as: balanced diet, safety measures at work, type of leisure pursuits and respect for the environment (all have a determining influence on health).

-The doctors must be excellent communicators in order to **persuade** individuals, families and the communities in their charge to adopt healthy lifestyles.

4- Community leader:

Needs and problems of community **must not be forgotten**.

-“five-star doctors” will not simply be treating individuals who seek help but will also take **a positive interest** in community health activities which will benefit large numbers of people.

5- Manager:

To carry out “five-star drs” we need **managerial skills**.

This will enable them to initiate:

1- Exchanges of information in order to make better decision

2- Work within a multidisciplinary team.

-**Medical schools** have an important role to play in this regard.

- **Social accountability** of medical schools is defined as the **obligation to direct their education, research and service activities towards addressing the **priority** health concerns of the community.**

- (relevance, quality, cost-effectiveness and equity) must be emphasized by the medical school to **assess** social accountability.