

Clinical Decision Making summer course



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Overview

- Patients still die from ‘simple’ things either **missed, delayed or done sub-optimally.**
- This may be related to **the variation in the ability to make a proper clinical decision at the proper time.**
- Decisions including every step in medicine.
 - History and physical examination
 - Diagnosis
 - Is the diagnosis correct (complete) ?
 - Investigations
 - treatment , Stop ?
 - Prognosis ?
 - Admit ? Discharge ?

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Duties & Responsibilities of Doctors

- ❑ Clinical decision making is **the process by which we determine who needs what, when.**
- ❑ This exercise can be quite **subjective.**
- ❑ Being a doctor gives you certain **rights and privileges.**
- ❑ In return you must fulfill the **duties and responsibilities** of a doctor.
- ❑ The **principles of good medical practice and the standards of competence, care, and conduct** expected of you in all aspects of your professional work.

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Good medical practice

Domain 1: Knowledge, skills and performance

Domain 2: Safety and quality

Domain 3: Communication, partnership and teamwork

Domain 4: Maintaining trust

Providing a good Standard of Practice and Care

❖ I. All patients are **entitled to good standards of practice and care** from their doctors.

Essential elements of this are:

✚ professional **competence**;

✚ good **relations with patients (patient-doctor relationship)** ,

✚ **respect for the patient's autonomy (think, decide & act)**;

✚ good **relations** with colleagues; and

✚ observance of professional **ethical obligations**.

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DEFINING PROFESSIONAL COMPETENCE

It is *the habitual and reasonable use of communication, knowledge, technical skills, clinical reasoning, values, and reflection in daily practice for the benefit of the individual and community being served.*

Competence builds on a foundation of basic :

clinical skills,

scientific knowledge,

and moral development.

Core Competencies

The Accreditation Council for Graduate Medical Education (ACGME) expects residents to obtain competency in the following six areas to the level expected of a new practitioner:

1 -Patient Care

Residents must be able to provide **patient care** that is **compassionate, appropriate, and effective** for the **treatment** of health problems and the **promotion of health**.

2 -Medical Knowledge

Residents must demonstrate **knowledge** of established and evolving **biomedical, clinical, epidemiological and social-behavioral sciences**, as well as the application of this knowledge to patient care.

3- Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the **effective exchange of information and collaboration with patients, their families, and health professionals**

Residents are expected to:

- **communicate effectively with patients, families, and the public**, as appropriate, across a broad range of **socioeconomic and cultural backgrounds** ;
- communicate effectively with **physicians, other health professionals**, and health related agencies ;
- work effectively as a **member or leader** of a health care team or other professional group ;
- act in a **consultative role** to other physicians and health professionals; and ,
- **maintain comprehensive, timely, and legible medical records** .



4- Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles .

Residents are expected to demonstrate:

- compassion, integrity (honesty), and respect for others ;
- responsiveness to patient needs that supersedes self-interest ;
- respect for patient privacy and autonomy (independence);
- Accountability(liability) to patients, society and the profession ;
- sensitivity and responsiveness to a diverse patient population, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation(no discrimination)



5- Practice-Based Learning and Improvement (PBLI)

Residents must :

- demonstrate the **ability to investigate and evaluate their care** of patients ,
- to appraise and assimilate **scientific evidence**, and to
- **continuously improve patient care** based on constant **self-evaluation and life-long learning**.



■ systematically analyze practice using quality improvement (QI) methods, and implement changes with the **goal of practice improvement** ;

■ locate, appraise, and **assimilate evidence** from scientific studies related to their patients health

■ use information **technology to optimize learning**; and ,

■ **participate in the education of patients, families, students, residents and other health professionals** .



6- Systems-Based Practice (SBP)

Residents must demonstrate an awareness of and responsiveness 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 effectively in various health care delivery settings and systems relevant to their clinical specialty ;
- coordinate patient care within the health care system relevant to their clinical specialty ;
- cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate ;
- work in interprofessional teams to enhance patient safety and improve patient care quality; and
- participate in identifying system errors and implementing Potential systems solutions



❖ II. Good Clinical Care must include:

- An adequate assessment of the patient's condition, based on the history and physical examination;
- Provide for appropriate investigations;
- Provide for appropriate treatment;
- Referring the patient to another practitioner, when indicated.
- Keep clear, accurate, medical records which report the relevant clinical findings, the decisions made, and any drugs or treatment given;
- Keep your colleagues well informed when sharing the care of patients;
- Pay due regard to efficacy and the use of resources;



❖ III- Maintaining Good Medical Practice

Keeping up to date

- ❑ You must keep your **knowledge and skills up to date** throughout your working life.

In particular, you should take part regularly in educational activities, which develop your competence and performance and read the important **medical journals** in your field of interest.

- ❑ **Law** governs some parts of medical practice.

You must observe and **keep up to date with the laws and codes of conduct.**

IV- Maintaining trust and Professional relationships

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- ❑ Successful relationships between doctors and patients depend on trust. To establish and maintain trust you must:
 - Listen to patients and respect their views;
 - Respect patient's privacy and dignity;
 - Give patients the information **they request** about the diagnosis, treatment and prognosis.

You should provide this information to those with **parental responsibility where patients are less than 18 years old.**

In principle the **patient has the right to know his diagnosis** and has the right to keep his diagnosis **confidential** even from his family.



- However we recommend **that caution should be exercised in disclosing information** that is distressing to the patient.
- The **patient's family** should be contacted and the diagnosis discussed with them **prior to its disclosure** to the patient, **unless** the patient has asked you not to discuss his diagnosis with anybody.
- Be satisfied that, the **patient has understood** what is proposed and **consents** to it before treatment is started;
- Respect the right of **patients to be fully involved in decisions** about their care;
- Respect the patients **right to decline treatment** or **decline to take part in teaching or research**;
- Respect the **right of patients to a second opinion**



Patient rights encompass **legal and ethical issues** in the doctor- patient relationship, including :

- ❖ person's right to **privacy**,
- ❖ the right to **quality medical care** without prejudices,
- ❖ the right to make informed decisions about care and treatment options, and
- ❖ right to refuse treatment.
- ❖ right to get second opinion

GOALS OF PATIENT'S RIGHTS:

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- To help patients feel more confident in the health care system.
- To stress the importance of a strong relationship between patients and their health care providers.
- To stress the key role of patients play in staying healthy by laying out rights and responsibilities for all patients and health care providers.



RESPONSIBILITIES OF PATIENTS:

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- Faithfulness of agreed therapy.
- Follow the **doctors instructions** carefully.
- Take necessary **preventive measures in case of infectious** diseases.
- Make the payment of the treatment, wherever applicable, to the doctors, hospital promptly.
- Respect the autonomy** of the doctors and nurses. Treat doctors and nurses with **respect**.
- Be **punctual to attend** the clinics / hospital/ dispensary for the treatment at the given time.
- Preserve all the record's** of one's illness.
- Keep the doctor informed if the patient wants to change the doctor.



❑ The investigations and treatment you provide must be based on your clinical judgment of the patient's needs and the likely effectiveness of the treatment.

You must not allow your views about a patients culture, beliefs, race, color, gender, age, social status, or perceived economic worth, to influence the treatment you provide (no discrimination- Justice).

❑ Patients who complain about the care and treatment they have received, have a right to expect a prompt and appropriate response.

As a doctor you have a responsibility to deal with the complaint constructively and honestly.

You should cooperate with any complaint procedure, which applies, to your work. You must not allow a patient's complaint influence the care or treatment you provide to the patient.

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❑ All Medical information about your patient shall be treated as **confidential** and shall **not be disclosed** other than to the patient, except with the **patients consent**.

However disclosure is legitimate in the following circumstances :

❖ Disclosure to **colleagues** and other health professionals for the **purpose of treatment**

❖ Disclosure for **research and 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:

* Disclosure of **notifiable** diseases to health authority.

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* Disclosure to the family if he has **a communicable disease (STD), AIDS, Hepatitis ,etc....**

* Disclosure for **public safety purposes** in relation to vulnerable persons in dangerous occupations as **airline pilots or public transport drivers**, if found to suffer from **epilepsy or other incapacitating disease, addiction....**

* Disclosure of a patient who is a **threat to the safety of the public** or a particular individual by reason of his **mental disturbance**.

* Disclosure of child ,women or elderly **abuse**.

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V- Abuse of your Professional position

You must not abuse your patient's trust.

You must not:

* Use your position to establish improper personal 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, or otherwise promote your own private practice.

* 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

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10. You must protect patients when you believe that a doctor's or **colleague conduct or performance is a threat to them.**

Before taking action, you should **do your best to find out** the facts, then if necessary tell an appropriate person as the Medical Director your comments on your colleague.

The **safety of the patient must always come first.**

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

- a.²⁵ contribute to **confidential inquiries**
- b. contribute to **adverse event recognition**
- c. **report adverse incidents involving medical devices** that put or have the potential to put the safety of a patient, or another person, at risk
- d. report suspected **adverse drug reactions**
- e. respond to requests from organizations **monitoring public health.**

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

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Respond to risks to safety

- A. If a patient is **not receiving basic care to meet their needs**, you must immediately tell someone who is in a position to act straight away.
- B. If patients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should put the matter right if that is possible.
You should also make a **record of the steps you have taken**.
- 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 people as patients**, you should **consider their needs and welfare and offer them help** if you think their rights have **been abused**.
- E. Protect patients and colleagues from any **risk posed by your health**



SHARING VISION on CHALLENGES in HEALTH IMPROVEMENT

²⁷
For a health care system to make the necessary changes and run efficiently, however, the main stakeholders must decide to work together and must agree on a set of fundamental values.

Relevance, quality, cost-effectiveness and equity are values implicit in the goal of health for all, approved by all nations and governments, which offers such a basis.

□ **Relevance:**

Relevance in health care can be defined as the degree to which the most important problems are tackled first (undertaken).

Although **priorities** may be interpreted in different ways in different societies or by different groups within the same society, primary attention should be given to :

- those who suffer most (**severity of the problem**),
- to diseases that are **most prevalent**,
- to conditions that cause **community concern** .
- availability of **treatment**.

Relevance also implies an **organized effort to constantly update a plan to address the priority health needs.**

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□ Quality:

High-quality health care uses evidence-based data and appropriate technology to deliver comprehensive health care to individuals and populations, taking into account their social, cultural and consumer expectations.

- ▶ The search for high-quality care is **universal**, but the definition of quality may differ with socio-cultural context.
- ▶ Consumers expect health services to be **comprehensive, continuous** and **personalized** to respond to their specific needs for well-being.
- ▶ **High quality in health care** must therefore encompass :
 - ❖ The **technical criteria** set by health care providers and
 - ❖ the **comfort criteria** set by health care consumers (**patient satisfaction**)



Cost-effectiveness:

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

- **specialization** in health care, which implies the **use of costly procedures**;
- **increased access** to health services due to **socio-demographic changes**;
- **increased demand** from individual consumers as expectations for a **better quality of life result from wider access to information**.

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

- **Aging of the population** and **increase in the prevalence of chronic health problems** and **co-morbidity**,
- **Increase in the incidence of cancer, costly treatment**.

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**.



Equity:

Equity, means high-quality health care available to all.

The central goal of the WHO Global Strategy for Health for All is that all people receive “at least such a level of health that they are capable of working productively and of participating actively in the social life of the community in which they live.

To attain such a level of health, every individual should have access to primary health care and through it to all levels of a comprehensive health system.”

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



THE EMERGENCE of the FIVE-STAR DOCTOR

The **health care delivery system** is characterized by at least three splits :

- ✚ the relative isolation of **individual care** from **population-based care**, or in other words, the split between **medicine** and **public health**.
- ✚ the split between **generalists** and **specialists** and
- ✚ the split between the **health sector** and **other sectors** with a bearing on health .

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.

The five-star doctor

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- * Care provider
- * Decision-maker
- * Communicator
- * Community leader
- * Manager

- **Care-provider:**

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

They must ensure that a **full range of treatment** - **curative, preventive or rehabilitative** - will be dispensed in ways that are complementary, integrated and continuous. And they must ensure that the treatment is of the **highest quality**.

- **Decision-maker:**

In a climate of transparency “five-star doctors” will have to take **decisions that can be justified in terms of efficacy and cost**.

From all the possible ways of treating a given health condition, the one that seems **community concern** in the given situation must be chosen. As regards expenditure, the **limited resources** available for health must be shared out **fairly to the benefit of every individual in the community**.



- **Communicator**

Lifestyle aspects such as :

- a balanced diet,
- safety measures at work,
- type of leisure pursuits,
- respect for the environment and all have a **determining influence on health.**

The involvement of the individual in **protecting and restoring** his or her own health is therefore vital, since exposure to a health risk is largely determined by one's behaviour.

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

- **Community leader**

The ^{3/4}needs and problems of the whole community - in a district - must not be forgotten.

By understanding the **determinants of health** inherent in the physical and social environment and by appreciating the breadth of each problem or health risk “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.

- **Manager:**

To carry out all these functions, it will be essential for “five-star doctors” to acquire **managerial skills**.

This will enable them to **initiate exchanges of information** in order to **make better decisions**, and to work within a **multidisciplinary team** in close association with other partners for health and social development.

Both old and new methods of dispensing care will have to be integrated with the **totality of health and social services**, whether destined for the individual or for the community

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

In committing themselves to prepare future doctors of the kind of the “³⁸five-star doctor”, they demonstrate their capacity in contributing proactively to shaping the future health system.

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, region, and/or nation they have a mandate to serve.**

The four values used to assess progress in addressing social accountability – **relevance , quality, cost-effectiveness and equity** - must be emphasized by the medical school and the health care system alike.