Professionalism

All lectures in one file

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<u>Correction File</u>

Difinitions, key elements, attributes and general concepts
What does Professionalism mean?

-Different sources

Profession is an occupation whose core elements is work, based on the mastery of a complex body of knowledge and skills. *Oxford English Dictionar* ☐	**Profession** is the conduct, aims, or qualities that characterize a person in a work setting or profession
☐**Professionalism** "constituting those *attitude* and *behaviors* that serve to maintain patient interest above physician self-interest." *American Board of Internal Medicine*	☐**Professionalism** is exhibited by one of the *professional character, spirit , methods* or the standing practice , or methods of a professional as distinguished from an amateur*''*. *American College Dictionary*

Professionalism has **three** main discourses/characteristics
1) Individual 2) Interpersonal 4) Societal

MEDICINE:

 is a vocation in which a doctor's knowledge, clinical skills ,and judgment are put in the service of protecting and restoring human well-being.

This purpose is realized through a partnership between a patient and doctor, one based on mutual respect ,individual responsibility and appropriate accountability.

what is medical professionalism?

Medical professionalism is the 'heart and soul of medicine'. More than adherence to a set of medical ethics; it is the daily expression of what originally attracted them to the field –a desire to help people and to help society as a whole by providing quality health care.

Professionalism in medicine

Professionalism embodies the relationship between medicine and society as it forms the basis of patient –physician trust. It attempts to make tangible certain attitudes, behaviors, and characteristics that are desirable among the medical profession.

Why professionalism is important?

☐ **Medical professionalism sets out three principles**: *ethical principles, knowledge and skills & selflessness*

- Being productive.
- Effective management of relationships.
- Handling conflicts.
- Being an ambassador.
- Being mission-minded.
- Being able to know and avoid the unprofessional behavior.

Professionalism key elements

Professional Values (Six Columns of the building)	Key bases of professionalism (Four steps of the building)
- Excellence. - Humanism. - Respect. - Accountability. - Altruism. - Integrity and justice	- Ethical and Legal Boundaries. - Communication and Interpersonal Skills. - Continuous Learning and Self Development. - Clinical Competence (Knowledge and Skills)

Professional Attributes:

Confidentiality	Keeping conversations between doctor and patients unrevealed.
Trustworthiness	Deserving trust or confidence.
Honesty	Being truthful in representing facts.
Loyalty	Unfailing fulfillment to one's duties and obligations.
Reliability	Keeping your word, honoring your commitments.

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Professionalism key elements:

Key elements	Example
Excellence (a talent or quality that is unusually good and surpasses ordinary standards)	**1)Time management /Punctuality** **2) Positive attitude (enjoy work).** 3) Commitment to lifelong learning, to exceed ordinary expectations. 4) Confidentiality. **5) Consider the language and culture of work.** **6) Give the best of your talents and skills.** 7) Recognition of professional limits 8) Protection of life 9) Prioritization 10) development in commitment, communication, interpersonal relationship, ethics and more .
Humanism is a way of being. It comprises a set of deep-seated personal convections about one's obligations to others especially others in need	**1) Empathy & Compassion.** 2) Encouragement. **3) Support.** 4) Love and care. **5) Positive attitude.** 6) Values and integrity.
Respect	1) Respect patients, patients' families, colleagues, and other healthcare professionals. **2) Treat patients with dignity and respect.** 3) Demonstrated good attitude and effective communication. **4) Respect all patients in the same way regardless to their social status.**
Accountability	1) Accept responsibility. 2) Always consider confidentiality. 3) Work on resolving conflicts. 4) Avoid the business of blaming others, circumstances or how much you are busy 5)☐Addressing the health needs of the public 6☐) Adhering to medicine's precepts.

Altruism ☐To go beyond the call duty to help meeting the needs of others. In other words, to put the duty and patient care ahead of your own needs. The sense of "giving" of oneself in patient care.	**1) Put the patient first.** 2) Avoid any conflict between your needs and the patients' rights. **3) Give full commitment to your patient.** 4) Avoid any financial or relationship biases that could have any negative impact on the patient-doctor relationship
Integrity and Justice •Highest standards of behaviour.(Being fair, honest and truthful) -•Avoidance of relationships that allow personal gain to supersede the best interest of patients.	1) Be a principle-based person. 2) Be honest, and stand by your words. **3) Be fair.** **4) Do not abuse your position/authority.** 5) Do what you say. 6) Behave in a good manner whether you are watched or not. 7) Adhere to good work-place ethic

Take Home Massege

- **Although there are common key elements in the definition of professionalism that must be fulfilled, the definition might varies depending on culture, law, and community needs.**

- **Sources for defining professionalism might include: literature, published research papers, legal and ethical documents, as well as disciplinary action documents in the hospital, and workplace. These documents are confidential.**

- **The definition components (key elements) should clearly define the unwritten contract between a doctor and patients.**

- **The definition of professionalism is the benchmark that we could use to check our performance and could help us to direct our goals for continuous improvement**

- **It is also the measure that could be used to assess our performance by our patients, colleagues, and the profession.**

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Accountability

Definition:

Procedures and processes by which one party justifies and takes responsibility for its activities.

It comprises:

- responsibilities to patients.
- patient-physician relationship.
- responsibilities to colleagues.
- responsibilities to the profession.
- responsibilities to the society and public.

Key components of accountability: (Meanings of accountability)	
Responsibility	**1) That means to become <u>responsible (accountable)</u> to patients, their families, society & community.** **2) To become accountable for quality of care, resolving conflict, and upholding principles.**
Self-regulation in activities	**This means that physicians' actions and behavior should reflect legal, good ethical conduct, and no financial conflict in their performance.**
Standard setting for current and future members of the profession	**Accountability is about our willingness to maintain these professional standards in our day-to-day practices.**
Ability to resolve conflict	**Conflict might be financial, pharmaceutical. There is a need to disclose any conflict that could damage doctor's accountability.**
Free acceptance of duty to serve public	**A doctor is accountable for improving the standards of the health care of their community, their country and worldwide.**
Explain and give reasons for actions that could have caused harm to the patient, colleagues, and community	**A doctor is accountable for actions that could cause harm to the patient, colleagues, and community.**

why do we need accountability?

- Accountability is the key for providing optimal health care services.
- Accountability enables continuing improvements in the health care system at its different levels.
- Accountability helps in protecting the rights of patients.
- Accountability is essential in resolving conflicts.
- Accountability is essential for building trust, and ensuring that the workplace environment is safe and healthy.
- Accountability reflects behaviour and attitude of responsible people.

Responsible style:

- Promise only what can be delivered: Commitment ,delivered on time, accountability.
- Support the basic tents of the profession: Develops a philosophy and sound rationale for professional practice.
- Thinks before reacting: Foresees possible outcomes of professional actions.
- Evaluates his/her professional practice: Confronts discrepancies between intentions and actions.

Why accountability is important to learn by medical students?

Social accountability for medical students is needed as behavior and as a practice and not needed as knowledge.

Social Accountability of Medical Students:

- To enhance **the health of people by educating physicians (e.g., prevention and early detection of diseases) & medical students; by conducting research in clinical and basic medical sciences and working with a research team conducting such studies.**
- **By promoting the skills and attitudes of lifelong learning.**
- Preparation of future doctors to respond to population needs.
- By committing your self to volunteer work that help in improving health care and awareness about diseases in the community.

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Altruism

What does altruism mean?

● To go beyond the call duty to help meeting the needs of others. In other words, to put the duty and patient care ahead of your own needs. The sense of "giving" of oneself in patient care.

● The roots of the word "altruism" is from the Latin word alter, meaning "other", meaning to look after others and help them.

What are the key elements in altruism?

● Donate time to humanitarian causes such as Medicine Sans Frontieres (Doctors with no borders).

● Help or treat patients who are poor or cannot afford the costs of the service.

● Going beyond the call of duty to help patients.

● Show selfless behaviour and the willingness to serve others, particularly those in need.

● Unselfish concern for the welfare of others.

● Subordinate your own interest to the interest of others.

A-Integrity

Walk the Talk when it comes to Integrity

The most important factor in trust.

Integrity carries the sense of wholeness: a person of integrity like a whole number, is a whole person, undivided, complete.

Integrity is doing the right thing when no one is watching. represented by a number of values such as honesty, trustworthy, fairness, and no favoritism.

Meaning in more details:

- Highest standards of behaviour.
- Refusal to violate one's personal professional codes.
- Being fair, honest and truthful.
- Keeping one's word.
- Avoidance of relationships that allow personal gain to supersede the best interest of patients.
- Not working in the darkness or involved in any behaviour that aims at harming others or taking their rights without their knowledge.

Person with integrity: (More info)

- Listen to his consciences and live by his principles no matter what others say and no matter the personal cost.
- Is honorable and upright in all actions.
- Has the courage to do what is hard or costly or failure is probable.
- Build and guard his reputations.
- Don't do anything he feels is wrong.
- Don't lose heart if he fails.

R I GHTEOUS
HO N ORABLE
TRU T HFUL
BLAM E LESS
G RACEFUL
UP R IGHT
DISC I PLINED
FAI T HFUL
HOL Y

B-Honesty (The whole page, Read only)

✔	X
Being honest in our conduct means playing by the rules and being trustworthy of another's property and belongs.	Dishonest conduct by ways of cheating can come in many forms, such as trickery, fraud , misleading ,deliberately violating the rules, and swindling.
Two types of honesty:	
● **Communication Honesty:** ● Being truthful in representing facts and intentions to the best of one's knowledge. ● Sincerity and candor.	**Conduct Honesty:** **o Cheating** 1- Using unauthorized materials to achieve better grade. 2- Falsification or invention of any information. 3- Attempting to help another person in an act of cheating. **o Plagiarism** (Submitting an assignment as if it were one's own work). 1- Submitting a work that is purchased or obtained from internet source. 2- Incorporating a word or ideas of an author into one's paper without acknowledging the original source.

C-Promise Keeping

- A vital moral aspect of reliability.
- Promise is a vow, pledge, a declaration assuring that one will or will not do something.

o Two areas of promise keeping:

A. Good work habit: complete our job /task
B. Reliability: being dependable e.g. Return what you borrow, pay your debts, show up on time, and be prepared.

D-Loyalty

- This could be loyalty to an oath, one's family, and our country.
- It implies the unfailing fulfillment to one's duties and obligations and strict adherence to vow or promise.

Trustworthiness in medicine

- Physicians are expected to make patients' needs the first priority.
- Physicians should consider their contributions to their individual patients, to their own practice, the community and the health care system.

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Take Home Message

- **Accountability = Responsibility.**
- **To be accountable you need to have self-regulation in your day-to-day actions.**
- **Accountability requires that we maintain standard setting.**
- **Accountability requires that we resolve conflicts (financial, ethical, moral, pharmaceutical etc).**
- **Altruism means putting the patient's healthcare needs ahead of yours.**
- **Integrity is not about talking or claiming great values that you know or have. Integrity is about demonstrating that the values you hold you are applying in your day-to-day practice.**

patient saftey

Definition:

- The IOM Institute of medicine defines patient safety as "the prevention of harm to patients".
- The Canadian Patient Safety defines patient safety as "the reduction and mitigation of unsafe acts within the healthcare system, as well as through the use of best practices shown to lead to optimal patient outcomes
- **The World Health Organization's (WHO) defines patient safety as , "the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum. (WHO, World Alliance for Patient Safety 2009)**

Introduction

- Significant numbers of patients are harmed due to their health care, either resulting in permanent injury, increased length of stay (LOS) in health-care facilities, or even death.
- 44 – 98,000 deaths annually caused by medical error.
- There are more deaths annually as a result of health care than from road accidents, breast cancer and AIDS combined.
- Recent financial estimates suggest that adverse events cost the Uk £2 billion in 2000 in extra hospital days alone. Other costs, such as suffering of patients, their families and the health care workers involved, are incalculable.

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Patient saftey dimensions of heathcare quality

The 6 key dimensions of healthcare quality

Safe	**Avoiding injuries** to patients from the care that is intended to help them.
Timely	**Reducing waits and avoid harmful delays** sometimes unfavorable delays for both those who receive and those who give care.
Effective	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse). Doing the right thing for the right person at the right time.
Efficient	**Avoiding waste**, in particular waste of equipment, supplies, ideas and energy.
Equitable Equal	**Dealing fairly and equally with all patients** ,care should not in quality because patient personal characteristic such as gender. Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socio-economic status
Patient centered Family-centered	Should be respectful to patient need & values. Providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.

Harm VS Error

| Harm	Error
Impairment of structure or function of the body and/or any deleterious effect arising from interaction with health care. Harm includes disease, injury, suffering, disability and death.	**An error is a failure to carry out a planned action as intended. Errors may manifest by doing the wrong thing (commission) or by failing to do the right thing (omission).**
Example : A patient with breast cancer undergoes chemotherapy. The treatment causes severe nausea and vomiting (a known complication) and she is admitted with clinical dehydration.	**Example, a patient with shortness of breath is diagnosed with pneumonia and treated with an antibiotic. A few days later she is admitted as her condition worsens. Subsequent investigations reveal a pulmonary embolism as the true problem. This is treated with anticoagulation.**

Sources of System Error:

All errors can be divided into two main groups:	
Active errors or human error are committed by frontline staff and tend to have direct patient consequences.	**Latent or system errors** are those errors that occur due to a set of external forces and indirect failures involving management, protocols/ processes, organizational culture, transfer of knowledge, and external factors
Example, giving the wrong medication, treating the wrong patient or the wrong anatomical site, or not following the correct policies and procedures.	Example : understaffed wards or inadequate equipment.

Error in medicine

- Errors in health care can be caused by ''active failures'' or ''latent conditions.''
- Most errors are not a result of personal error or negligence, but arise from system flaws or organizational failures

"Swiss cheese" model of accident causation
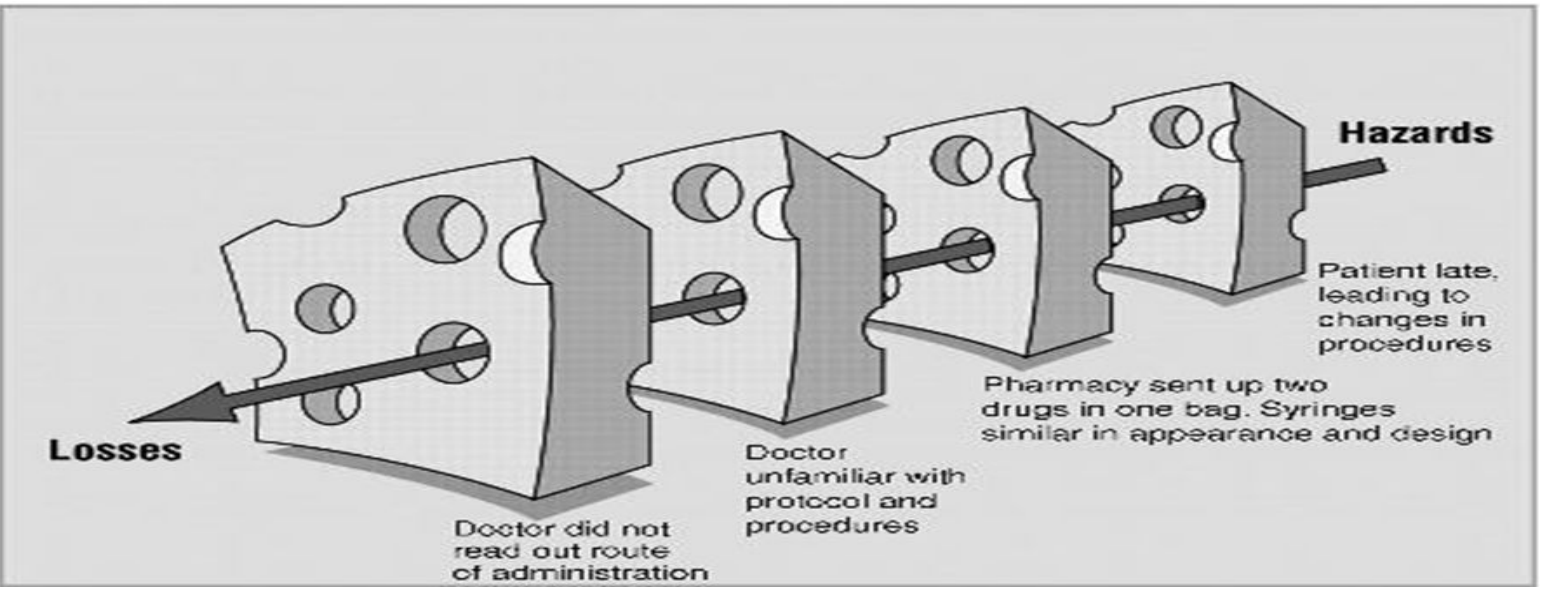
- The systems have many holes: some from active failures and others from latent conditions.
- These holes are continuously opening, shutting, and shifting their location. In any one slice, they do not normally cause harm, because the other intact slices prevent hazards from reaching the potential victim.
- Only when the holes in many layers momentarily line up does the trajectory of accident opportunity reach the victim causing the damage.

Culture of patient safety (Definition from the Health and Safety Commission)

The safety culture of an organization is the product of individual and group values, attitudes, perceptions,, and patterns of behavior that determine the commitment to, and the style and proficiency of an organization's health and safety management.

Definition of patient safety culture:

An integrated pattern of individual and organizational behavior, based on a system of shared beliefs and values, that continuously seeks to minimize patient harm that may result from the process of care delivery.

Safety culture divided into seven subcultures and defined as:

Leadership	Teamwork	Evidenced based	Communication	Learning	Just a culture and Patient centred

Patient safety culture

- Previously, in many cases the traditional response to adverse incidents in health care has been to **blame, shame and punish** individuals.
- The opposite of a 'blame' culture is a **'blame-free'** culture, which is equally inappropriate. In some instances, the responsible individual should be held accountable.(in case of negligence or recklessness)
- Recently , the a **'just' culture** has been adapted which means : balancing the 'blame' and 'no blame' approaches

Example..

- If a patient is found to have received the wrong medication and suffered a subsequent allergic reaction,
- **Blame culture:** we look for the individual student, pharmacist, nurse or doctor who ordered, dispensed or administered the wrong drug and blame that person for the patient's condition care at the time of the incident and hold them accountable
- **Just Culture:** we look for the system defect such as communication , protocols and processes for medication management , in addition to investigate the negligence or recklessness of the worker.

The concept of Clinical incident:

Definition:

A clinical incident is an event or circumstance resulting from health care which could have, or did lead to unintended harm to a person, loss or damage, and/or a complaint. (deviation from standard of care and safety)

Examples:

- Medication errors (e.G. Wrong medication, omission, overdose);
- Patient falls;
- Intended self harm or suicidal behaviour;
- Therapeutic equipment failure;
- Contaminated food;
- Problems with blood products;
- Documentation errors;
- Delayed diagnosis;
- Surgical operation complications;
- Hospital acquired infection;

Types of Clinical incident: (important)
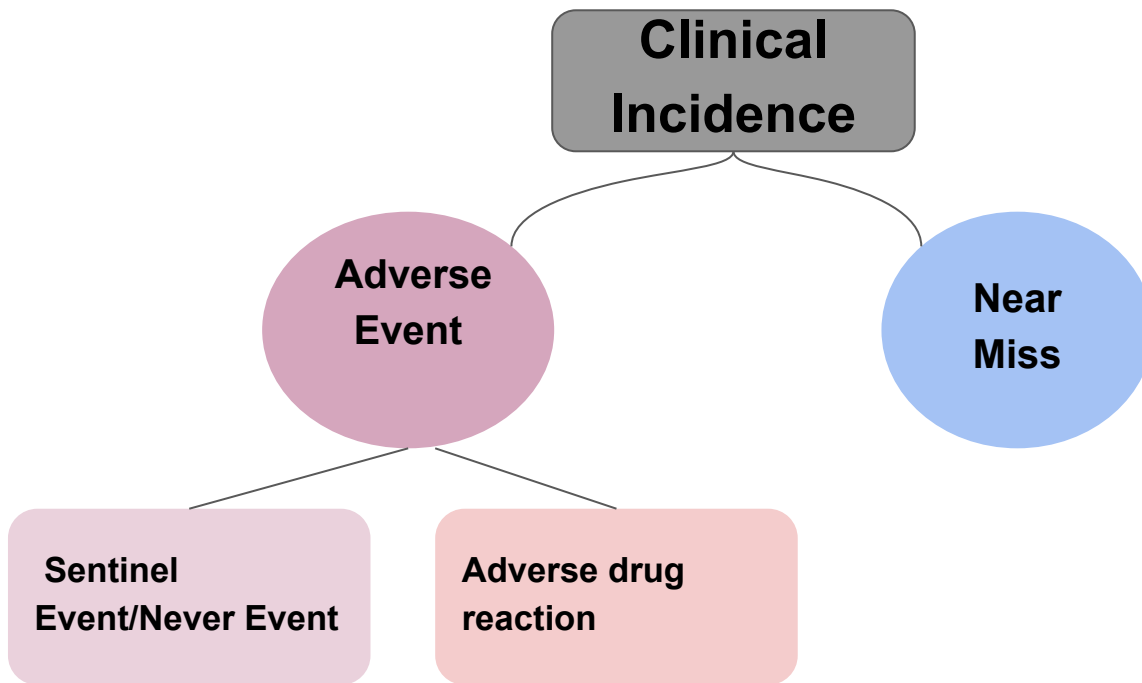
Adverse Event:

An adverse event is an unintended injury or complication which results in disability, death or prolonged hospital stay, and is caused by health- care management

Example : *Medication errors*

A-Sentinel events: (قدر الله وماشاء فعل)

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.

Example:

Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities

B-Never Events:

Events should never happen while in a hospital, and can be prevented in most cases.

Example:

- Infant discharged to the wrong person
- Wrong surgical procedure performed on a Patient
- Patient death or serious disability associated with a medication error

Adverse drug reaction:

A response to a drug which is noxious and unintended, and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease, or for the modifications of physiological function'.(WHO,1972)

Seven (7) levels of safety

- **Patient factors:** such as personality, language and psychological problems may also be important as they can influence communication with staff.
- **Task factors:** The design of the task, the availability and utility of protocols ….
- **Individual factors:** include the knowledge, skills and experience of each member of staff
- **Team factors:** The way an individual practices, and their impact on the patient, is influenced by other members of the team and the way they communicate and support each other.
- **Working conditions:** These include the physical environment, availability of equipment and supplies and the light, heat, interruptions and distractions that staff endure.
- **Organizational factors:** The team is influenced in turn by management actions and by decisions made at a higher level in the organization. These include policies, continuing education, training and supervision and the availability of equipment and supplies.
- **External environment factors:** The organization itself is affected by financial constraints, external regulatory bodies and the broader economic and political climate.

Near miss:

Is any situations that did not cause harm to patients (that did not reach the patient) , but could have done.
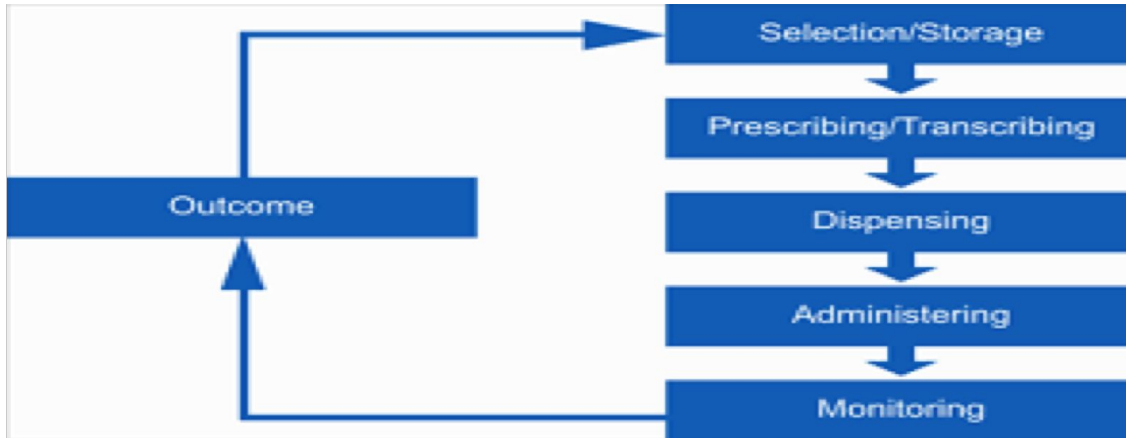
The physician's role in patient safety

- Standardization, such as the use of order sets, protocols, and reminders.
- Designing safe systems and implementation of technology:
  - use smart intravenous pumps that detect medication errors,
  - barcoding to ensure the five rights of medication administration (right patient, right route, right dose, right time, right medication).
- Teamwork
- Communication:
  - poor communication can delay diagnosis, create confusion regarding the plan of care, and increase the cost of care through repeated tests.
  - Lack of effective communication creates frustration with patients and families and increases their anxiety
- Involve yourself in measuring, monitoring, and improving quality.
- Avoid blaming when an error occurs.
- Practice evidence-based care.
- Detect adverse events: report and Disclose errors to patients and their families.
- Adhere and follow the National Patient Safety Goals/ ROP(Required Organization Practice)

Adhere and follow the national Patient Safety Goals/ROP (Required Organization Peactice):

- **Adverse reporting**	- **Hand hygiene**
- **Client verification**	- **Antibiotic prophylaxis during surgery**
- **Medication reconciliation**	- **Falls prevention strategy**
- **Dangerous abbreviations**	- **Pressure ulcer prevention**
- **Transfer of client information at transition points**	- **Venous thromboembolism prophylaxis**
- **Control of concentrated electrolytes**	- **Safe injection practices**
- **Infusion pumps training**	- **Safe surgical practices**
- **High-alert medications**	- **Preventive maintenance program**

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Medication Use Process in The Institutional Setting:

Sources of error in prescribing:

- **Documentation - illegible, incomplete, dangerous abbreviation**
- **Inadequate knowledge about drug indications and contraindications**
- **Not considering individual patient factors, such as allergies ,pregnancy, co-morbidities, other medications**
- **Wrong patient, wrong dose, wrong time, wrong drug, wrong route**
- **Inadequate communication (written, verbal)**
- **Mathematical error when calculating dosage**

A) Strategies to Reduce (Prescribing) errors

*Just understand the categories

•Avoid Illegible Handwriting: •Write/Print More Carefully •Use Computers	**•Write Complete Information:** •Patient's Name •Patient-Specific Data •Generic and Brand Name •Drug Strength -Dosage Form •Amount -Directions for Use •Purpose -Refills
•Look at Patient-Specific Information •Age -Weight •Renal and Hepatic Function •Laboratory Test Results •Concurrent Medications -Allergies •Medical/Surgical/Family History •Pregnancy/Lactation Status	**Do Not Use Abbreviations** •Drug names •"QD" or "OD" for the word *daily* •Letter "U" for *unit* •"µg" for *microgram* (use mcg) •"QOD" for *every other day*

*Just understand the categories

Decimals:

- Avoid whenever possible
- Use 500 mg for 0.5 g
- Use 125 mcg for 0.125 mg
- Never leave a decimal point "naked"
- Haldol .5 mg ® Haldol 0.5 mg
- Never use a terminal zero
- Colchicine 1 mg not 1.0 mg
- Space between name and dose
- Inderal40 mg ® Inderal 40 mg

Be alert to Drug Name: "Look-Alike" or "Sound-Alike" Drug Names

- Celebrex (celecoxib, anti-inflammatory); Cerebryx (fosphenytoin, anticonvulsant); Celexa (Citalpram,antidepressant)

Write the Medication Reconciliation

- Learn and practice thorough medication history taking:
- Include name, dose, route, frequency and
- duration of every drug the patient is taking;
- Enquire about recently ceased medications;
- Ask about over-the-counter medications,
- dietary supplements and complimentary medicines;

More Attention to Dosage Calculations:

- Use patient-specific information
- height
- weight
- age
- body system function

Verbal Orders:

- Avoid when possible
- State numbers like pilots
- (i.e., "one-five mg" for 15 mg)
- Spell out difficult drug names
- Specify concentrations

Know the High Alert Medications:

- Need double check
- Example :
- Oral anticoagulants
- Insulin
- Chemotherapeutic agents
- Neuromuscular blocking agents
- Concentrated electrolytes
- Emergency medications (potent and used in high pressure situations)

B) (Dispensing) Process Errors Prevention:

1. Standardized concentrations for all IV medication

2. Use commercially prepared solutions

C) (Administration) Process Errors Prevention:

1. Be familiar with the institution policy

2. Preprinted & standardized infusion rate charts

3. Use programmable infusion device

D) (Calculation errors)

Contributory Factors for Medication Errors
Patient Factors

- Patients on multiple medications
- Patients with another condition, e.g. renal impairment, pregnancy
- Patients who cannot communicate well
- Patients who have more than one doctor
- Children and babies (dose calculations required?)

Contributory Factors for Medication Errors
Staff Factors

- Inexperience
- Rushing
- Doing two things at the same time
- Interruptions
- Fatigue, or stress
- Lack of checking and double checking habits
- Poor teamwork and/or communication between colleagues

What are some of the ways to make medication use safer?

- **Use generic names where appropriate**
- **Tailor prescribing to individual patients**
- **Know which medications are high-risk/high alert and take precautions**
- **Be very familiar with the medication you prescribe and/or dispense**
- **Remember the 5 Rs when prescribing and administering**
- **Develop checking habits**
- **Encourage patients to be actively involved in the process**
- **Report and learn from medication errors**

Remember the 5 Rs when prescribing and administering:

- **Right Patient** (check the name in the order & the patient, use two identifier & ask the patient to identify himself/herself).
- **Right Medication** (check the medication label & order).
- **Right Route** (Confirm that the patient can take or receive the medication by the ordered route)
- **Right Time** (Check the frequency of the ordered medication & Confirm when the last dose was given).
- **Right Dose** (Confirm appropriateness of the dose using a current drug reference & correct calculation)

Recommended actions:

- **Pharmacists / Technician should READ / CHECK carefully the label of each medication they prepare.**
- **DOUBLE CHECKING is essential tool to avoid such mistakes**
- **Look Alike medications should be stored separately with proper labeling to avoid such mistakes**
- **To change the brand the hospital purchases of either drugs if possible**

Conclusion:

- **Patient safety is the avoidance, prevention and amelioration of harm from healthcare.**
- **Two approaches to the problem of human fallibility exist:**
  - **The person approach focuses on the errors of individuals, blaming them**
  - **The system approach concentrates on the conditions under which individuals work**
- **Some errors cause harm but many do not.**
- **Blaming and then punishing individuals is not an effective approach for improving safety within the system**
- **Adverse events often occur because of system breakdowns**
- **Standardizing and simplifying clinical processes is a powerful way of improving patient safety**
- **•Medications can greatly improve health when used wisely and correctly**
- **•Yet, medication error is common and is causing preventable human suffering and financial cost**
- **•Remember that using medications to help patients is not a risk-free activity**
- **•Know your responsibilities and work hard to make medication use safe for your patients**

Tips of improvement patient safety: (Not important)
- Constitution of patient safety committee
- Develop clear policies and protocol for patient safety
- Discuss regularly patient safety initiative within hospital staff
- Orientation hospital staff on patient safety
- Encourage transparency in the regular death review
- Non punitive reporting by staff
- Review , monitor and evaluate safety procedures regularly

What are Human Factors:

Human factors refer to environmental, organizational and job factors, and human and individual characteristics which influence behavior at work in a way which can affect health and safety.

Human factors can be defined as anything that affects an individual's performance.

human factors is to think about three aspects:

The job	The individual	The organization/environmental
This including: ● **Nature of the task** ● **Workload** ● **Working environment** *This includes matching the job to the physical and the mental strengths and limitations of people.	Including: ● **Competency** ● **Skills (changeable)** ● **Personality,attitude(fixed)** ● **Risk perception** ● **Sleep deprivation** * Individual characteristics influence behavior in complex ways.	Including: ● **Work patterns** ● **The culture of the workplace, resources Communications** ● **Leadership and so on**

The Benefit of Applying Human Factors in Healthcare

.To prevent Medical Errors .
.Understand why healthcare staff make errors
.Identify 'systems factors' threaten patient safety
.To prevent occupational accidents and ill health

Medical errors..
Failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim, such as :

● **Retained surgical instruments.**
● **Restraint -related injuries**.

King Saud University Medical City (KSUMC)-Medical Errors:

- Expired medication.
- dispensed Un planned <u>hysterectomy</u>.
- Wrong Sponge counting.
- Self extubation.
- Wrong patient ID , went to wrong procedure.
- Wrong medication delivered.
- Wrong dose administered.

Sources of Error: (Read only)

Table I. Classification of causes (JCAHO - Joint Commission on Accreditation of Healthcare Organizations).
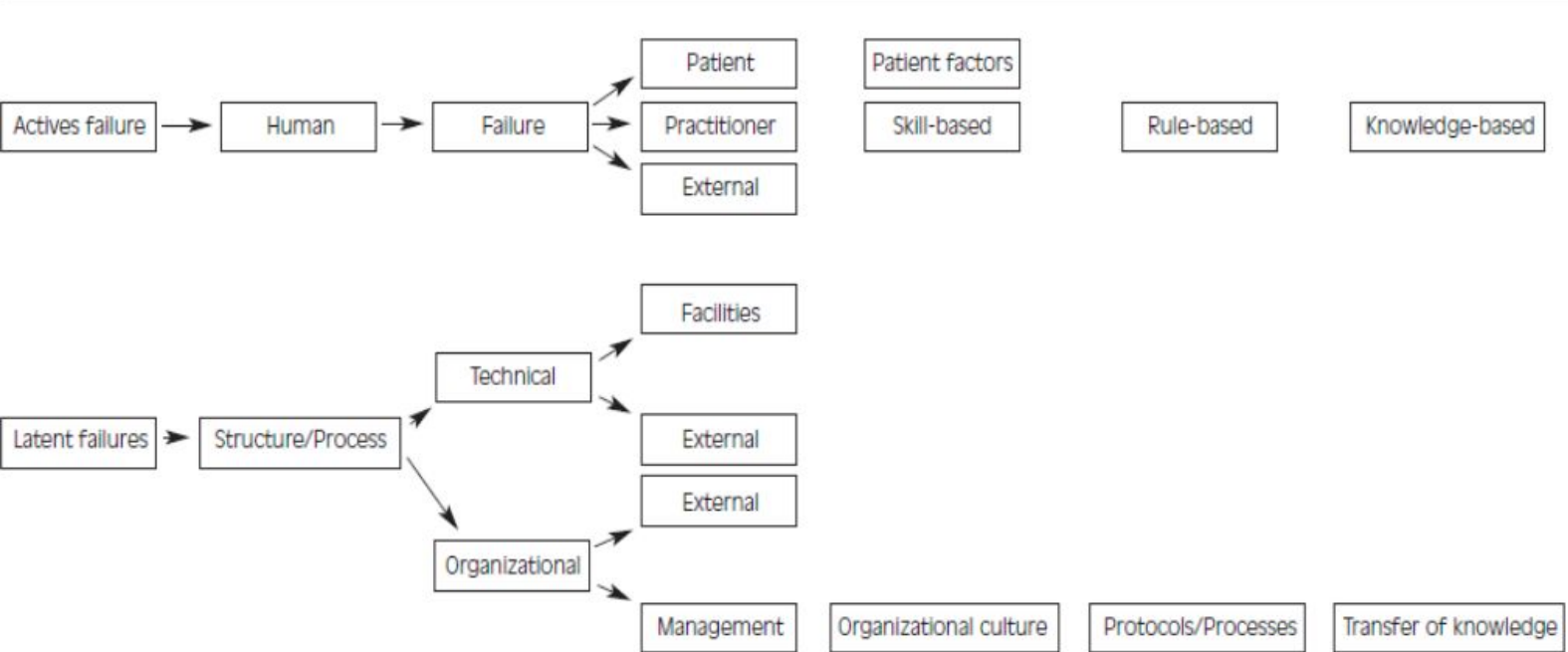
Modified from Chang et al., 2005 [s].

Types of Medical Errora: (Important)

Diagnostic	Preventive
- Error or delay in diagnosis (in the case of the diabetic patient may lead to blindness or glaucoma). - Use of outmoded tests or therapy.	- Failure to provide - prophylactic treatment - Inadequate monitoring or - follow-up of treatment (no order for anticoagulant post major orthopedic procedure may lead to PE).
Treatment	**Other**
- Error in the performance of an operation, procedure, or test(inserting a breathing tube into a patient's esophagus). - Error in the dose or method of using a drug .	- Failure of communication. - Equipment failure.

The Most Common Medical Errors:

- Wrong site surgery (13.4%)
- Patient suicide (11.9%) (not common on our hospitals)
- Operative and post operative complication (10.8%)
- Delay in treatment (8.6 %)
- Medication error (8.1 %)
- Patient fall (6.4 %)

If You Have Any Questions Or Comments Please Inform Us:
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Causes of Medical Errors: (Important)

1- Healthcare Complexity	2- System and Process Design	3- Environmental factors	4-Infrastructure failure	5- Human Factors and Ergonomics
- Complicated technologies. - Drugs interaction. - Intensive care. -Prolonged hospital stay. -Multidisciplinary approach.	- Inadequate communication - Unclear lines of authority.	- Over crowded services. - Unsafe care provision areas. - Areas poorly designed for safe monitoring.	- Lack of documentation process. - Lack of continuous improvement process.	- HALT → Hungry, Angry/ Emotions , Late/ lazy , Tired/fatigue/sleep less. - Lack of skilled workers. - Lack of training

Actions to Reduce Medical Errors as Related to Humans Factors..

Part 1: (Organization level) Organizational Management and Human Factors (important)..

1) **Developing a positive safety culture.**
   ● Just culture.
   ● Reporting culture (e-OVR Reporting system).
   ● Learning culture(Morbidity and mortality review process).

2) **Human factors training in healthcare.**

3) **Develop Clinical Practice Guidelines , protocols , algorithms.. etc**

Part 2: Making your care and work safer (individual level) (important) *Don't memorize the examples

Stress	Complex calculations	Storage	Physical demands
-Focus first on the tasks that are high risk or where it is particularly important. - In emergency situations : use algorithms and protocols. - Quickly allocate a clear leader. - Consider if there is a way of running a simulation with your team.	- Find out if there is a pre-calculated list available in your area. - Before you start the task, think about ways of managing or avoiding distractions. For example, ask a colleague to take your bleep for a minute. - Look at the dose strengths of ampoules in your drug cupboard. - Double check with your colleague.	- Look at the products you use and have stored. E.g Look-alike packaging.	- Physical tiredness : get enough sleeping before your duty. - Demands exceeding capability : Most people at some time overestimate their abilities or underestimate their limitations.

Teamwork	Reliance on vigilance and memory	Distractions	The physical environment
- Briefing and debriefing can help teams develop a shared mental model of a planned procedure or a patient's clinical status. - SBAR (Situation, Background, Assessment, Recommendation).	- When you have a large number of tasks to remember making lists can be a helpful - Checklists or visible permanent reminders (The World Health Organization's (WHO) Surgical Safety Checklist).	- Think about the tasks you do that require your focus (examples could be giving a blood transfusion, drug prescribing).	- Poor lighting: Look at the lighting in the areas where you need to perform detailed or complex tasks.

OVR(Occurrence Variance Reporting) or
IR(Incident Reporting):

Occurrence :An Occurrence is defined as any event or circumstance that deviates from established standards of care & safety.

OVR :an internal form/system used to document the details of the occurrence/event and the investigation of an occurrence and the corrective actions taken.

ساهمت الحضارة الإسلامية في التطور العلمي للطب وقد مرت هذه المساهمات بثلاثة مراحل:	Scientific Islamic medicine passed through three stages:
1: المرحلة الأولى مرحلة ترجمة المؤلفات (القرن السابع-القرن الثامن الميلادي): من الإغريقية و الهندية و الصينية و الفارسية للغة العربية.	1- The first stage was the stage of translation of foreign sources into Arabic. It extended through the seventh and eighth centuries.
2: المرحلة الثانية مرحلة الإزدهار و التأليف : (القرن التاسع – القرن الثلث عشر الميلادي): قدم العرب مؤلفات مرجعية عرضوا فيها خلاصة المعرفة الطبية و أضافوا عليها إسهامات فريدة للطب العربي و الإسلامي.	2- The second stage was the stage of excellence and genuine scientific contribution, in which the Islamic physicians were the leaders and the source of new chapters of medicine. This stage extended from the ninth to the thirteenth centuries.
3: المرحلة الثالثة مرحلة الركود و الإضمحلال: بعد القرن الثالث عشر الميلادي . حلت فترة من الركود في كل فروع العلوم التطبيقية بما في ذلك الطب.	3- The third stage was the stage of decline, where medicine, as well as other branches of science, became stagnant and deteriorated. This stage started mainly after the thirteenth century

إسهام الحضارة الإسلامية في تطور الطب في العالم *مهم

أبي بكر محمد بن زكريا الرازي	ألف كتاب الحاوي في الطب .
(Avicenna) أبي علي الحسين بن سينا	أشهر كتبه القانون في الطب.
Abu-l-Qasim al-Zahrawi أبو القاسم عباس بن خلف الزهراوي (Abulcasis)	وقد كان أطباء كثيرون ألف ثلاثة ، يمارسون الجراحة إما جهرا وإما خفية . وأشهر من عرف بها هو.والف ثلاثه كتب .ومازال أحد هذه الكتب موجودا في باكستان كأحد المراجع النادرة وذلك في مكتبة "معهد ، الأبحاث الإسلامية "في إسلام آباد، واسم هذا المؤلف هو :التصريف لمن عجز عن التأليف. وكذلك وضع عددا من الكتب عن العمليات الجراحية التي قام بها.
علاء الدين أبو الحسن الدمشقي , (ابن النفيس)	-اول من اكتشف الدوره الدمويه الصغرى (palmonary circulation) -الف كتاب الشامل في الصناعيه الطبيه
إسحاق بن علي الرهاوي	طبيب عربي الف أول كتاب في الأخلاقيات و سماه أدب الطبيب
الصحابية رفيدة الأسلمية	صاحبة أول مستشفى ميداني وكانت معروفة بمهارتها في الطب والعقاقير والأدوية وتصنيعها، والجروح وتضميدها والكسور وتجبيرها.أما النفقات والمصروفات فقد كانت من مالها الخاص وجهدها الذاتي، لا تأخذ على ذلك اجر او عوضا بل كانت تنفق وتبتغي الاجر من الله تعالى

المسلمون هم أول من أسس المستشفيات في العالم فأول مستشفى إسلامي اسس في عهد الخليفة الأموي الوليد بن عبد الملك، وكان هذا المستشفى متخصص في الجذام ، وأنشئت بعد ذلك المستشفيات العديدة في العالم الإسلامي ، وبلغ بعضها شأو ا عظيما، وتعتبر من أوائل الكليات والجامعات في العالم .بينما انشئ أول مستشفى اوربي في باريس بعد ذلك بأكثر من تسعة قرون . وكانت المستشفيات تعرف بـ البيمارستانات

مبادئ الأخلاقيات ألإسلامية في الطب:

في الحضارة الغربية تُبنى المعايير الأخلاقية للطب على **أسس فلسفية و على تقدير البشر للأمور** . أما الحضارة الإسلامية فنستمد هذه المعا يير من الشريعة و الفقه .

و مع هذا الإختلاف في المصادر إلا أن الأخلاقيات الإسلامية تسع العناصر الإيجابية التي تتبناها الحضارات الأخرى.

¡As Western ethics   are be based on human reason and experience as the arbiter between right and wrong action.

¡This shift from religious ethics to philosophical ethics does not apply in Islam .

¡While Islamic ethics incorporate various philosophical traditions it still is based mainly from religious texts.

المبادئ الإسلامية في أخلاقيات المهن الطبية: مهمّ

المبدأ الأول : الإنسان مكرّم :بغضّ النظر عن لونه و جنسه و معتقده. و يقتضي تكريمُه هذا المحافظة عليه في صحة تامة ومعافاة كاملة كما يقتضي تكريمُه إحترام شخصيته و إحترام خصوصياته و أسراره و إحترام حقه في الحصول على كل المعلومات التي تتعلق بأي إجراء طبي سوف يتعرض له و إحترام حقه في كونه هو صاحب القرار في ما يتعلق بشئونه الصحية ما دام ذلك في طار هذه القيم (﴿ **وَلَقَدْ كَرَّمْنَا بَنِىٓ ءَادَمَ وَحَمَلْنَـٰهُمْ فِى ٱلْبَرِّ وَٱلْبَحْرِ وَرَزَقْنَـٰهُم مِّنَ ٱلطَّيِّبَـٰتِ وَفَضَّلْنَـٰهُمْ عَلَىٰ كَثِيرٍ مِّمَّنْ خَلَقْنَا تَفْضِيلاً**)

المبدأ الثاني : الحياة حق لكل إنسان و هي مقدسة محترمة مدافع عنها.

و قيمة النفس البشرية الواحدة تعدل قيمة البشر جميعا. يقول عز و جل **مَن قَتَلَ نَفْسًا بِغَيْرِ نَفْسٍ أَوْ فَسَادٍ فِى ٱلْأَرْضِ فَكَأَنَّمَا قَتَلَ ٱلنَّاسَ جَمِيعًا (وَمَنْ أَحْيَاهَا فَكَأَنَّمَآ أَحْيَا ٱلنَّاسَ جَمِيعًا**

و الإعتداء على حياة أى نفس بشرية , و لو كان جنيناً أو شيخا أو معوقا عدوان على البشر جميعا : من قتل نفسا بغير نفس أو فساد في الأرض فكأنما قتل الناس جميعا !!! علما بأن هذا الإحياء في مفهوم الإسلام ليس مقصورا على الإحياء البدني بل يتعداه إلى الإحياء النفسي و الروحي و الإجتماعي

المبدأ الثالث :العدل

وهو قيمة جوهرية وغاية أساسية من غايات إرسال الرسل : **لَقَدْ أَرْسَلْنَا رُسُلَنَا بِٱلْبَيِّنَـٰتِ وَأَنزَلْنَا مَعَهُمُ ٱلْكِتَـٰبَ وَٱلْمِيزَانَ لِيَقُومَ ٱلنَّاسُ بِٱلْقِسْطِ**

و قد أمر الله الناس بها أمرا عاما : (**إِنَّ ٱللَّهَ يَأْمُرُ بِٱلْعَدْلِ وَٱلْإِحْسَـٰنِ وَإِيتَآئِ ذِى ٱلْقُرْبَىٰ وَيَنْهَىٰ عَنِ ٱلْفَحْشَآءِ وَٱلْمُنكَرِ وَٱلْبَغْىِ يَعِظُكُمْ لَعَلَّكُمْ تَذَكَّرُونَ**)

(**يَـٰٓأَيُّهَا ٱلَّذِينَ ءَامَنُوا۟ كُونُوا۟ قَوَّٰمِينَ لِلَّهِ شُهَدَآءَ بِٱلْقِسْطِ وَلَا يَجْرِمَنَّكُمْ شَنَـَٔانُ قَوْمٍ عَلَىٰٓ أَلَّا تَعْدِلُوا۟ ٱعْدِلُوا۟ هُوَ أَقْرَبُ لِلتَّقْوَىٰ وَٱتَّقُوا۟ ٱللَّهَ إِنَّ ٱللَّهَ خَبِيرٌۢ بِمَا تَعْمَلُونَ**)

المبدأ الرابع : الإحسان

1: الإحسان بمعنى الجودة {quality} فالحسن هو الجيد :
(**ٱلَّذِينَ يَسْتَمِعُونَ ٱلْقَوْلَ فَيَتَّبِعُونَ أَحْسَنَهُۥ أُو۟لَـٰٓئِكَ ٱلَّذِينَ هَدَىٰهُمُ ٱللَّهُ وَأُو۟لَـٰٓئِكَ هُمْ أُو۟لُوا۟ ٱلْأَلْبَـٰبِ**)

قال النبي   «إن الله كتب الإحسان على كل شيء» وهنا ينبع مفهوم الجودة في الخدمات الصحية.

2:: الإحسان بمعنى العطاء و الرفق و كذلك صحوة الضمير و مراقبة الله عز وجل في كل تصرف و سلوك يقول النبي علي السلام: الإحسان أن تعبد الله كأنك تراه

المبدأ الخامس:لا ضَرَرَ و لا ضِرار

و لاتخفى أهمية هذا المبدأ في المجال الصحي , و لاسيما من حيث عدم جواز إقدام الطبيب أو غيره من أرباب المهن الصحية , على تعريض المريض إلى أيّ

¡*The first principle* is that Man is honored –
¡*The second principle* is that every human being has the right to live; his life is respected and protected.
¡*The third principle* is equity, which is regarded in religion as an essential value, being one of the purposes of messenger missions:
¡*The fourth principle* is doing well, :
¡The Arabic word *ihsaan*,translated here as **doing well**, has several denotations.
¡(1) First it denotes <u>"quality,"</u> as the root of the word that **means "good."** A derivation of the same root is used in God's promise to his servants "who listen to what is said and follow the best of it" (39:18). Such high quality is desired in everything, every single thing. The Prophet, blessing and peace be upon him, says, "**God has ordained the doing well of everything.**" This is the source of the concept of guaranteed quality in providing health care.
¡(2) **The word *ihsaan*,** however, also denotes <u>charity</u> and thus implies the *gentle, compassionate touch* which has been missing or almost missing in modern medical practice. It implies a giving nature, which makes a person wish for his brother what he wishes for himself and give priority to others over himself, even when he suffers a dire need.

¡*The fifth principle* is "*no harm and no causing harm.*"

. The importance of this principle in the field of health is self-evident, particularly in prohibiting any physician or other health professional from exposing a patient to a diagnostic or therapeutic procedure that exposes him to harm or to any hazard.

الميثاق الإسلامي العالمي للأخلاقيات الطبية والصحية:

ظهرت الحاجة لكتابة ميثاق إسلامي للأخلاقيات الطبية و الصحي العدة أسباب منها

-الشعور العام بتحول الممارسة الطبية لسلعة مادية تتجاهل الجانب الإنساني و الروحي

- التطور التكنولوجي في الطب مما خلق أسئلة أخلاقية جديدة في الطب مثل زراعة االأعضاء و التخصيب الصناعي -

-هناك مؤسسات أجنبية غير مسلمة لكنها تسعى لمعرفة المبادئ الأخلاقية الإسلامية كتبادل حضاري و لضرورة تعاملها مع مرضى من المسلمين.
قامت المنظمة الإسلامية للعلوم الطبية بالتنسيق مع منظمة الصحة العالمية و منظمات أخرى بإصدار الميثاق الإسلامي العالمي للأخلاقيات الطبية و الصحية .

الباب الأول: أخلاق الطبيب

الباب الثاني: واجبات الطبيب نحو المريض

الباب الثالث: السرّ الطبّي

الباب الرابع: واجبات الطبيب تجاه المجتمع

الباب الخامس: القضايا الاجتماعية

امثلة للقضايا الطبيه المعاصره التي تناولتها الاخلاقيات الاسلاميه بطريقه متميزه:

1/الاستنساخ البشري

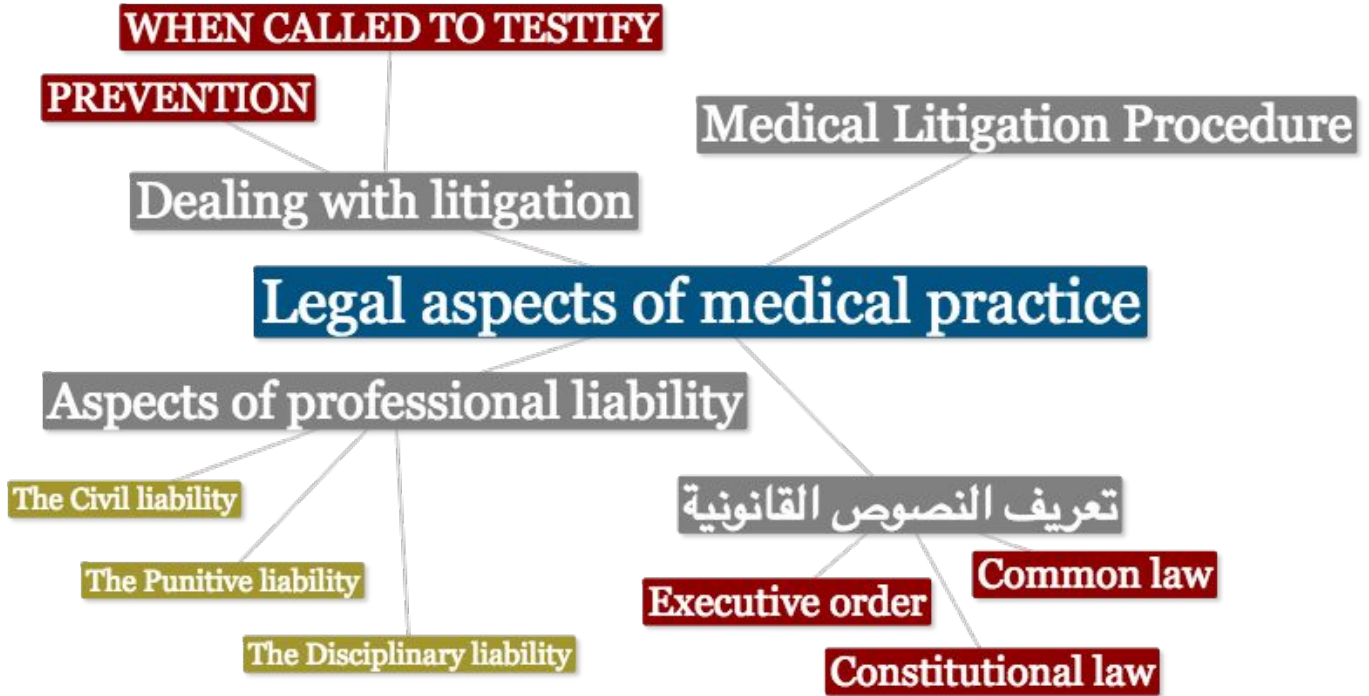**2/المفطرات في مجال التداوي**

3/مرض نقص المناعة المكتسبة

4/اجهزه الانعاش

5/اطفال الانابيب

6/بنوك الحليب

7/انتفاع الانسان بأعضاء جسم انسان اخر حيا كان او ميتا

8/مداواه الرجل للمرأه

Mind Map

WHEN CALLED TO TESTIFY

PREVENTION

Dealing with litigation

Medical Litigation Procedure

Legal aspects of medical practice

Aspects of professional liability

The Civil liability

The Punitive liability

The Disciplinary liability

تعريف النصوص القانونية

Common law

Executive order

Constitutional law

تعريف النصوص القانونية

- **القانون الدستوري (Constitutional law)** هو أعلى قانون في الدولة **(مثل النظام الأساسي للحكم، نظام مجلس الوزراء، نظام مجلس الشورى).**
- **القانون العام (القانون الإداري) (Common law)** هو القواعد القانونية التي تسنها السلطة التنظيمية **(مجلس الوزراء)** في الحدود التي سمح بها القانون الدستوري مثل **(نظام الخدمة المدنية).**
- **اللائحة التنفيذية (Executive order)** وهي مجموعه القواعد القانونية التي تضعها السلطة التنفيذية لتفسير مواد النظام العادي، وتعتبر اللائحة معيبة بعدم النظامية إذا خالفت القانون العادي وبعدم الدستورية إذا خالفت القانون الدستوري **(اللائحة تعتبر غير صالحة إذا خالفت قوانين الدستور).**

شرح: القانون الدستوري هو القانون الأساسي الذي يسير عليه نظام البلد بشكل عام ويتم وضعه من قبل مجلس الشورى أو البرلمان مثلا، بعد ذلك يقوم كل وزير بإنشاء قوانين تختص بوزارته وتكون تابعة للقانون الدستوري، أخيرا تأتي اللائحة التنفيذية وهي تقوم بتفسير تفاصيل ما جاء في مواد قانون ما من عبارات عامة بوضوح **(لعامة الشعب).**

أنواع المخالفات الطبية

المخالفات العادية: و هي المخالفات النظامية و الشرعية التي لا صلة لها بالأصول الفنية لمهنة الطب و من ذلك الإجهاض المحرم و الإمتناع عن إسعاف مريض و إفشاء سر المريض و مزاولة المهنة بدون ترخيص .

المخالفات الفنية: و هي الأخطاء التي يخرج الطبيب فيها على الأصول و القواعد الفنية المتعارف عليها بين الأطباء .

Aspects of professional liability

(جوانب المسؤولية المهنية)

1. **The Civil liability (المسؤولية المدنية):** This is the responsibility of a physician towards the patient <u>when harm is inflicted</u> as a result of direct action against medical rules from the physician or proven negligence.

<u>شرح:</u> هي عبارة عن حقوق المريض (المواطن) بالنسبة للطبيب، مثل لو نسي الطبيب مقص في بطن المريض بعد إجراء العملية بسبب إهماله يكون حق للمريض رفع شكوى على الطبيب، <u>ويجب على المسؤول تعويض الضرر.</u>

2. **The Punitive liability (المسؤولية الجزائية - الجنائية):** that deals with physicians who <u>violate the rules and regulations</u> of medical practice <u>even with no subsequent harm resulted to the patient.</u>

<u>شرح:</u> تتعلق بمسؤولية الطبيب تجاه قوانين الدولة حتى ولو لم يترتب على فعله خطر على المريض، وهذه حتى تتوفر يلزم وجود قصد جنائي من قبل الطبيب، مثال:

- لو قام الطبيب بعملية الإجهاض الغير المشروع.
- إذا قام طبيب بعملية لا تتعلق بتخصصه، مثل طبيب أنف وأذن وحنجرة يقوم بعملية عيون، حتى لو نجحت.
- عند قيام الطبيب بإيذاء المريض عن قصد.

المادة الثامنة والعشرون: مع عدم الإخلال بأي عقوبة أشد منصوص عليها في أنظمة أخرى يعاقب بالسجن مدة لا تتجاوز ستة أشهر وبغرامة لا تزيد عن مائة ألف ريال, أو بإحدى هاتين العقوبتين كل من:

1. زاول المهن الصحية دون ترخيص.
2. قدم بيانات غير مطابقة للحقيقة أو استعمال طرقاً غير مشروعة كان من نتيجتها منحه ترخيصاً بمزاولة المهن الصحية. (مثل تزوير شهادة الطب)
3. استعمال وسيلة من وسائل الدعاية يكون من شأنها حمل الجمهور على الاعتقاد بأحقيته في مزاولة المهن الصحية خلافاً للحقيقة.
4. انتحل لنفسه لقباً من الألقاب التي تطلق عادة على مزاولي المهن الصحية. (الممرض لو ادعى انه طبيب)
5. وجدت لدية آلات أو معدات مما يستعمل عادة في مزاولة المهن الصحية دون أن يكون مرخصاً له بمزاولة تلك المهن أو دون أن يتوفر لديه سبب مشروع لحيازتها. (الصيدلي لو قام بفحص المريض)
6. امتنع عن علاج مريض دون سبب مقبول.
7. خالف أحكام المواد ٧ فقرة (ب) و ٩، ١١، ١٤ الفقرتين (أ , و) و١٩، ٢٠، ٢٢، ٢٣، ٢٤، ٢٧ فقرة (3) من هذا النظام.
8. تاجر بالأعضاء البشرية أو قام بزراعة عضو بشري مع علمه أنه تم الحصول عليه عن طريق المتاجرة.

3. **The Disciplinary liability (المسؤولية التأديبية):** where a physician failed to meet with <u>professional standards</u>, <u>requirements and ethics</u>.

<u>شرح:</u> مثل عندما يعلن الطبيب عن نفسه على انه طبيب مسالك بولية وهو في الحقيقة طبيب جلدية بالتالي هو خالف القوانين التي أقسم عليها عند تخرجه أو عندما يكتب الطبيب أن يحمل الماجستير وهو في الحقيقة لا يحملها .

Medical Litigation Procedure

(اجراءات التقاضي) مُهم

1. A patient or a member of his/her relatives complains of a medical malpractice from their point of view that ends with a morbidity or mortality. The complaint is directed either to the **Ministry of health** (وزارة الصحة) or the **City Government** (الحكومة) according to the medical facility indulged منغمسة in the complaint.

2. A process of investigation and interrogation follows within the medical facility with the medical staff either sharing the responsibility or attending the event.

3. **The Medical Legal Organization (MLO) (الهيئة الصحية الشرعية)** then assigned to follow with a process of thorough review of all documents and medical filling together with interviewing both sides of the claim- the plaintiff and defendant(s), in order to reach a final decision .

4. Decisions of MLO could be appealed within *60 days* to the Court of Appeals ديوان المظالم.

شرح: المريض أو أحد أقربائه يقوم بتقديم شكوى لوزارة الصحة ← وزارة الصحة تقوم بالتحقيق في القضية ثم يتم تحويلها إلى الهيئة الصحية الشرعية ← الهيئة الصحية الشرعية تقوم باستئناف التحقيق ← يتم تقديم نتائج التحقيق بعد ٦٠ يوم لديوان المظالم.

The committees of legal health organization -LHO (الهيئة الصحية الشرعية) are composed primarily of a judge with Islamic shariaah background to reach the verdict after completion of the medical investigation of the claim that is the responsibility of the other 3–4 members with the medical background referring to different sectors of health service mainly from ministry of health & university staff members.

كيفية الإثبات في قضايا المخالفات الطبية

يعتمد القاضي في إثبات موجب المسؤولية على أدلة الإثبات الشرعية التي منها:
1. الإقرار وهو أقوى الأدلة.
2. والشهادة مثل شهادة طبيب آخر أو ممرض أو مساعد لإثبات واقعة .
3. أما التقصير في الإجراء أو مخالفة الأصول العلميّة فهذا لا يقبل إلا من أهل خبرة و اختصاص.
4. المستندات الخطية والتقارير الموجودة في سجلات المستشفيات.

Evidence in medical litigation:
1. Medical records
2. Expert testimony
3. Testimony of other professionals
4. Affidavit

نظام مزاولة المهن الصحية في المملكة العربية السعودية ـ ١٤٢٦

* المادة الثانية (Legal requirements of competence):

1. يحظر ممارسة أي مهنة صحية, إلا بعد الحصول على ترخيص بذلك من الوزارة.
2. يشترط للترخيص بمزاولة المهن الصحية ما يأتي:
   1. الحصول على المؤهل المطلوب للمهنة من أي كلية طبية أو كلية صيدلية أو كلية علوم طبية تطبيقية أو كلية صحية أو معهد صحي, أو مؤهلات أخرى مطلوبة لمزاولة مهن صحية تعترف بها الهيئة, أو الحصول على شهادة من الخارج تعترف بها الهيئة.
   2. أن يكون قد أمضى مدة التدريب الإجبارية المقررة للمهنة, وأن تتوفر لدية اللياقة الصحية.
   3. التسجيل لدى الهيئة , وفقاً لمتطلبات التسجيل التي تحددها.
   4. إلا يكون قد سبق الحكم عليه في جريمة مخلة بالشرف أو الأمانة إلا إذا رد إليه اعتباره.
3. يعد التعيين في الجهات الحكومية في وظائف المهن الصحية بمثابة الترخيص بمزاولة المهنة في هذه الجهات, على أن يسبق ذلك التسجيل لدى الهيئة.

* المادة التاسعة عشرة (CONSENT):

يجب ألا يجرى أي عمل طبي لمريض إلا برضاه أو موافقة من يمثله أو ولي أمره إذا لم يعتد بإرادته هو, واستثناء من ذلك يجب على الممارس الصحي في حالات الحوادث أو الطوارئ أو الحالات المرضية الحرجة التي تستدعي تدخلاً طبياً بصفه فورية أو ضرورية لإنقاذ حياة المصاب أو عضو من أعضائه , أو تلافي ضرر بالغ ينتج من تأخير التدخل وتعذر الحصول على موافقة المريض أو من يمثله أو ولي أمره في الوقت المناسب ـ إجراء العمل الطبي دون انتظار الحصول على تلك الموافقة , ولا يجوز بأي حال من الأحوال إنهاء حياة أي مريض ميئوس من شفائه طبياً , ولو كان بناءاً على طلبه أو طلب ذويه.

* المادة الحادية والعشرون (CONFIDENTIALITY):

يجب على الممارس الصحي أن يحافظ على الأسرار التي علم بها عن طريق مهنته ولا يجوز له إفشاؤها إلا في الأحوال الآتية:

أ) إذا كان الإفشاء مقصوداً به:
- الإبلاغ عن حالة وفاة ناجمة عن حادث جنائي أو الحيلولة دون ارتكاب جريمة , ولا يجوز الإفشاء في هذه الحالة إلا للجهة الرسمية المختصة.
- الإبلاغ عن مرض سار أو معدٍ.
- دفع الممارس لاتهام وجهه إليه المريض أو ذووه يتعلق بكفايته أو بكيفية ممارسته المهنة.

ب) إذ وافق صاحب السر كتابة على إفشائه أو كان الإفشاء لذوي المريض مفيداً لعلاجه.

ج) إذا صدر له أمر بذلك من جهة قضائية.

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Dealing with litigation
(التعامل مع الدعاوى القضائية)

| 1. PREVENTION	2. WHEN CALLED TO TESTIFY
1. Assess the patient as a whole.	1. Review the case records
2. Good documentation in patient records.	2. Make notes of the dates and details of your role
3. Don't leave anything to memory specially in very sick patients. (write down everything you did)	3. Consult a lawyer
4. Consult with colleagues in other specialties.	4. Better to write an affidavit and show it to attorney (lawyer).
5. Be current in your knowledge.	5. If necessary bring copies of references mentioned in affidavit (الشهادة) .
6. Emergency and intensive care: certification in basic & advanced cardiac life support (ACLS).	
7. Advanced trauma life support (ATLS) certification for those dealing with trauma.	
8. If your facility is lacking in equipment then refer the patient and document that.	
9. Before surgery communicate in clear language with patient/relative & make sure they understood. (Tell patient every possible complication could hapen)	

Medical Liability Claims in Saudi Arabia
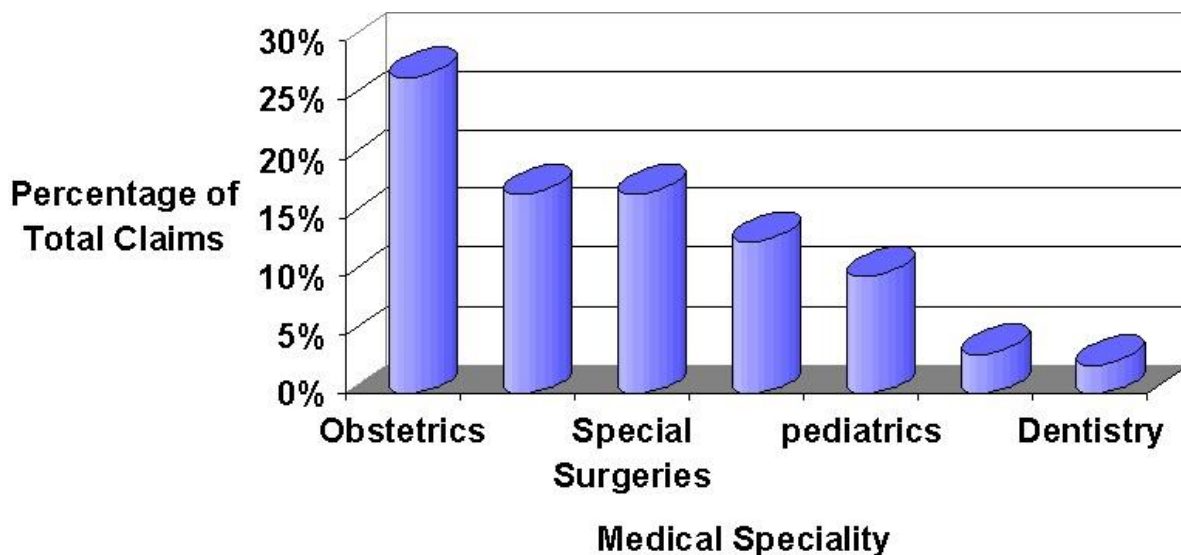
Mind Map
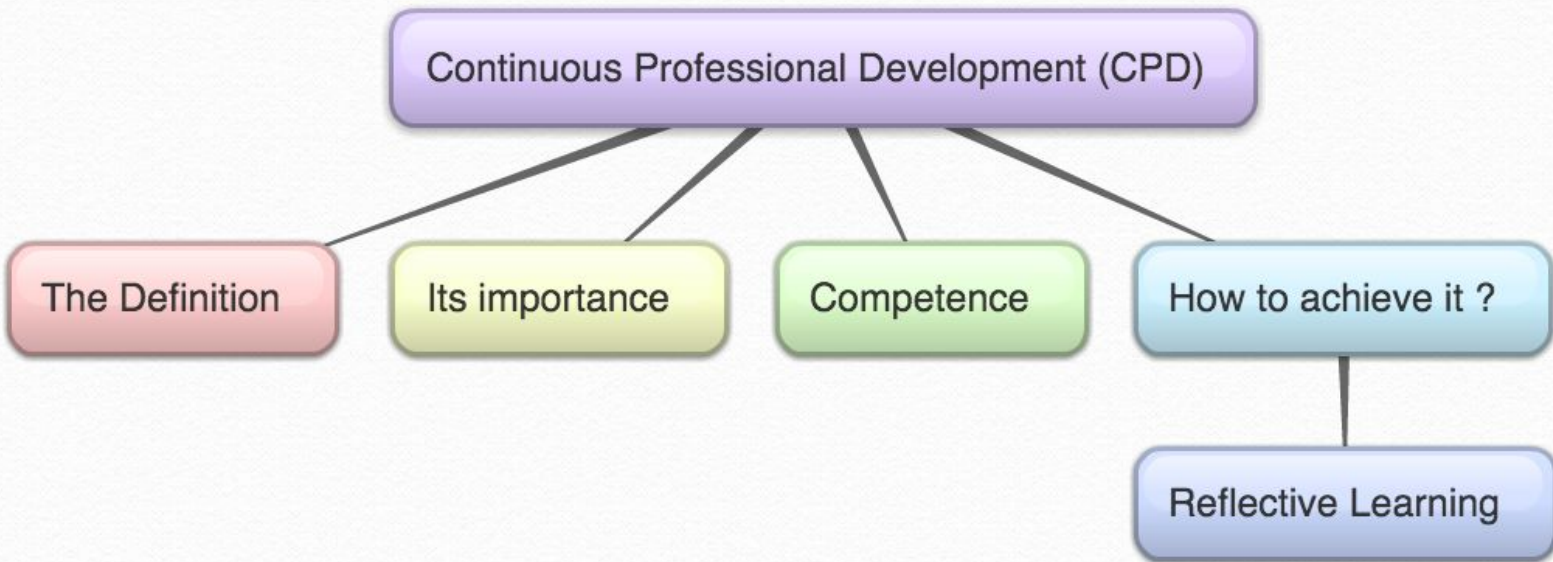
WHAT MEDICAL COLLEGES WANT?
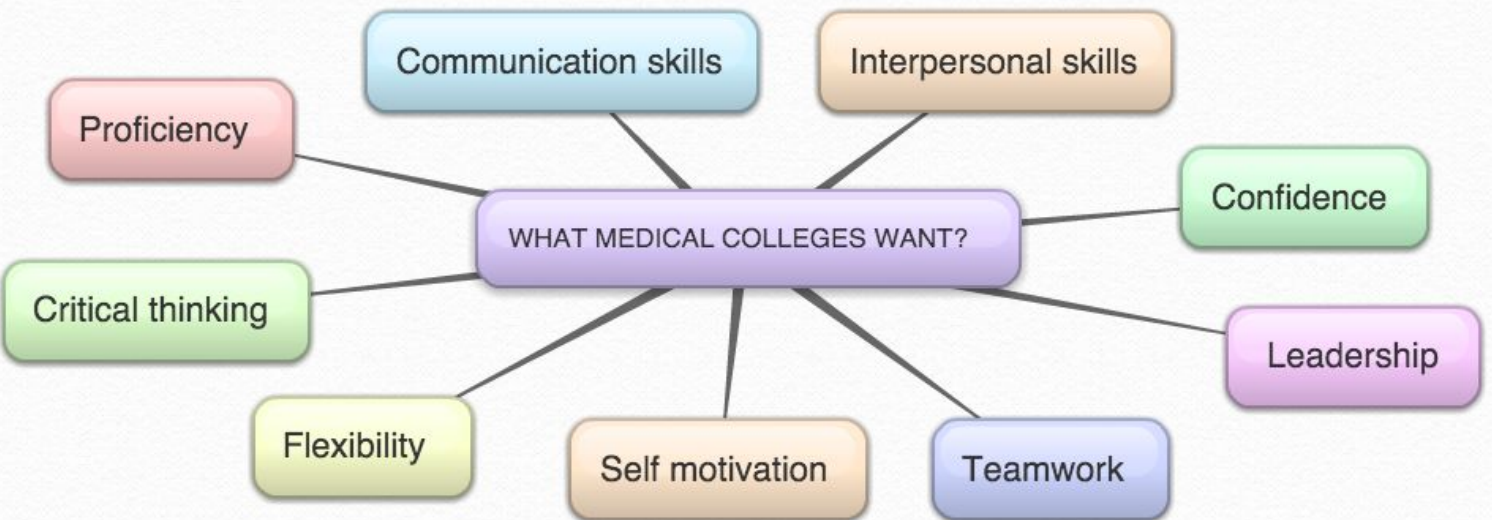
Critical thinking & problem solving skills

Competence

What is competence?

The ability to perform a specific task in a manner that yields desirable outcomes.

Different Aspects of Competence:

1. Knowledge
2. Skills "What you have learned to do"
3. Abilities "What you can actually do"

Competence develops over time and is nurtured by reflection on experience.

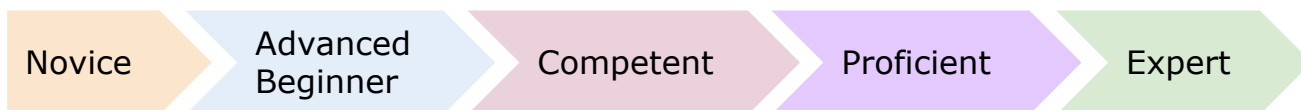| Skills	Abilities
- It's the capacity to perform specific actions. - A person's skill is a function of both knowledge and the particular strategies used to apply knowledge.	- The **power or capacity** to do something or act physically, mentally, legally, morally, etc.
(Acquired) **- Can be taught and/or learned.** - Is something that can be learned or acquired through training and can be cognitive, perceptual and motor.	(Innate) **- Is performance, or what you are able to do.** - Is the generic make up of an individual either perceptual or motor in nature that can be inherited from one's parents.

How is competence acquired?

It is **gained** in the healthcare professions **through:**
- Pre-service education.
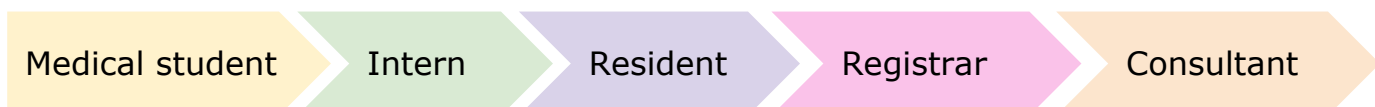- In-service training.
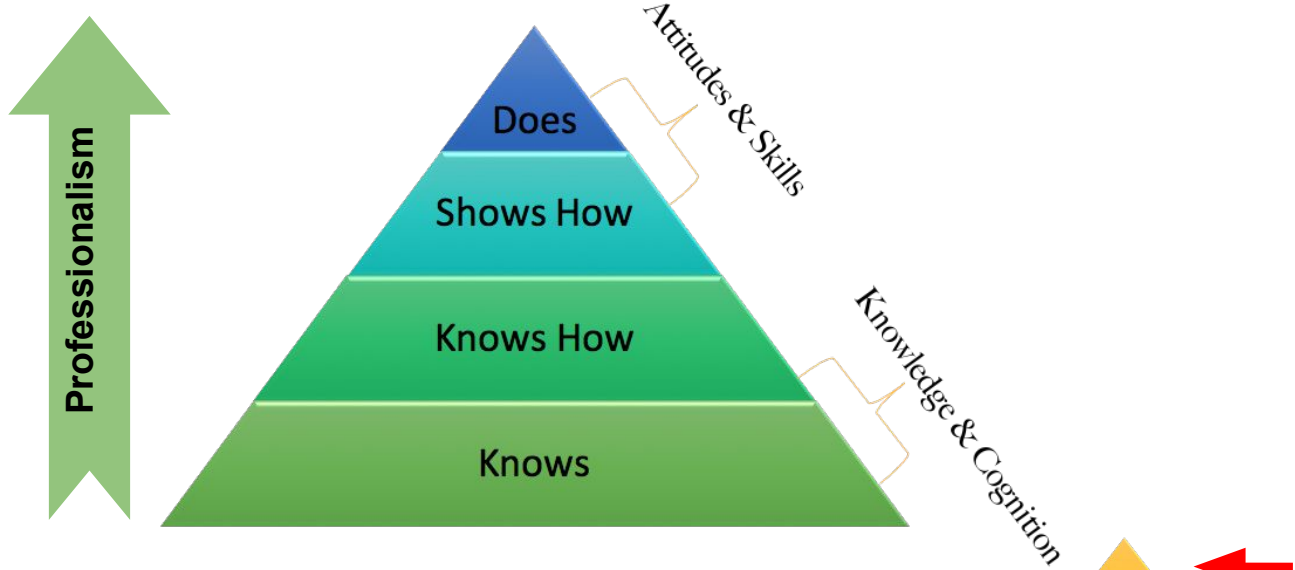- Work experience.

(CPD)

Levels of competence :

Novice → Advanced Beginner → Competent → Proficient → Expert
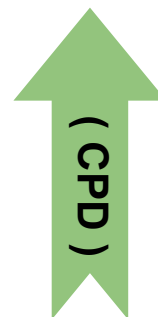
Levels of competence in Medical Field:

Medical student → Intern → Resident → Registrar → Consultant

Miller's Pyramid of Clinical Competence :

Professionalism

Does

Shows How

Knows How

Knows

Attitudes & Skills

Knowledge & Cognition

Bloom'sTaxonomy :

- Knowledge - What is the most common cause of…?
- Understand - If you see this, what must you consider…?
- Application - In this patient, what is causing…?
- Analysis,synthesis,evaluation - critical thinking?

Evaluation

Synthesis

Analysis

Application

Comprehension (Understanding)
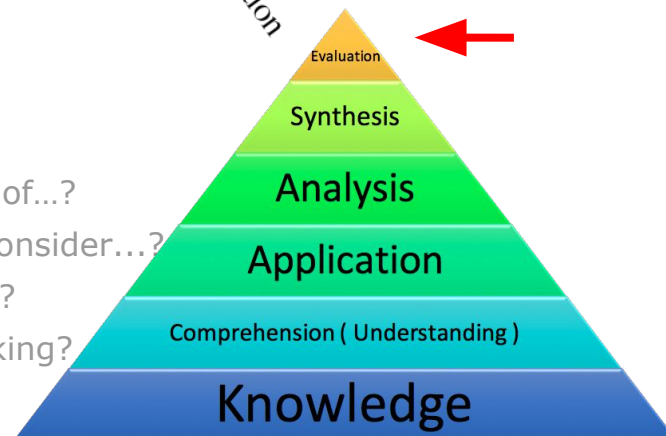
Knowledge

Continuous Professional Development (CPD)

What is (CPD)?

- The conscious updating of professional knowledge and the improvement of professional competence **throughout a person's working life.**
- It is a commitment to being professional, keeping up to date and continuously seeking to improve.
- It is the key to optimizing a person's career opportunities, both today and for the future.

Why (CPD)?   *Improtant*

Cardinal reasons:

- Half-life of what we learn is very short.
- If we do not update, we will practice obsolete medicine.
- There is a high chance that patients will not get optimal care.
- Requirement by the governing bodies of the profession. (This is only an ostensible reason).

How is CPD different ?

- CPD is for professionals but not in a formal educational setting .
- There are no class rooms, prescribed curricula, prescribed learning events, etc.
- Therefore, the learner needs to learn from whatever he/she does in the workplace.
- Also, there are no formal examinations , Motivation to learning comes from the necessity to improve practice.

How can we achieve CPD?

- Lecture programs
- Conferences
- Workshops
- CME courses (Continuing Medical Education)
- Others .

> Many methods have been tried in the past .Currently, **reflective practice/learning is the most favoured** .

What is Reflective learning ?   *Improtant*

- Systematic revisiting of a learning experience with a view to learning from it.
- Reflection relates to a complex and deliberate process of thinking about and interpreting experience, in order to learn from it

Why Reflective learning ?

Key to become a lifelong learner – if not most learning opportunities are lost.

Reflection Stages:

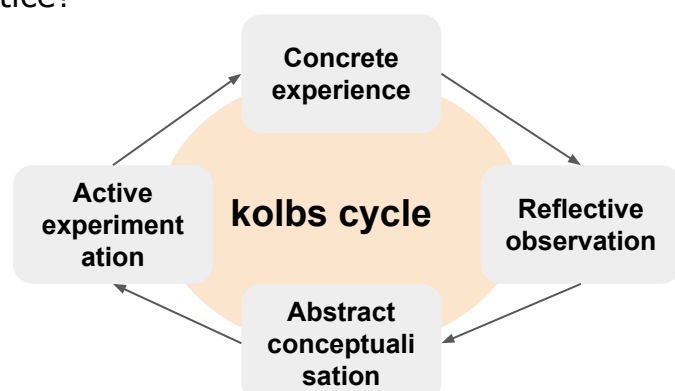| An awareness of uncomfortable feeling | Examination of situation | Exploration of alternative actions | Reflective thoughts results in action |

Reflective log : (a simplified version)

1. What is the learning event?
2. What did I learn?
3. What more do I have to learn?
4. How can I learn it?
5. Evidence for further learning / change of practice?

Reflective practice

- Reflection-in action
- Reflection-on action

kolbs cycle: Concrete experience → Reflective observation → Abstract conceptualisation → Active experimentation

Scenario

- A 55 year old man came to clinic with complaint of low back pain (LBP)
- You have examined his back which was ok. His height was 160 cm, and weight is 100 kg.
- You would like to manage this patient's LBP contributed due to his excess body weight.

How to apply the reflective log ?

1- Learning experience – This obese person who needed to reduce weight.
2- What did I learn? Learned how the patient's activities have been affected by obesity.
3- What do I have to learn more? Did not know the advice that should be given to the patient with a given BMI. Are there guidelines for interpreting BMI?
4- How do I learn it? (SDL) Refer a book/article. Talk to the dietician.
5- Evidence / change of practice – BMI was accurately interpreted. Patient was advised about the dietary/lifestyle changes and referred to an obesity clinic. References of books referred.

Experiential Learning

Experience → Reflect → Make Sense → Plan for action → (cycle)
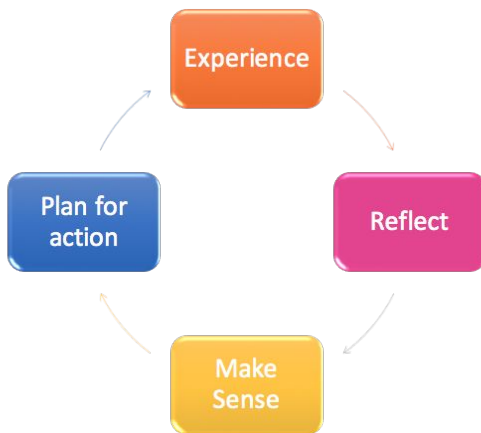
Constraints on Development

(Development is a continuous process but sometimes it happens to be a broken continuity)

- Time
- Budgets
- Life Cycle Issues
- Motivation
- Lack of Trust and Real Leadership

Notes:

1- Levels of competence are acquired through:
- Continuous Professional Development.
- Reflection & Reflective Practice.

2- Competence develops over time and is nurtured by reflection on experience.
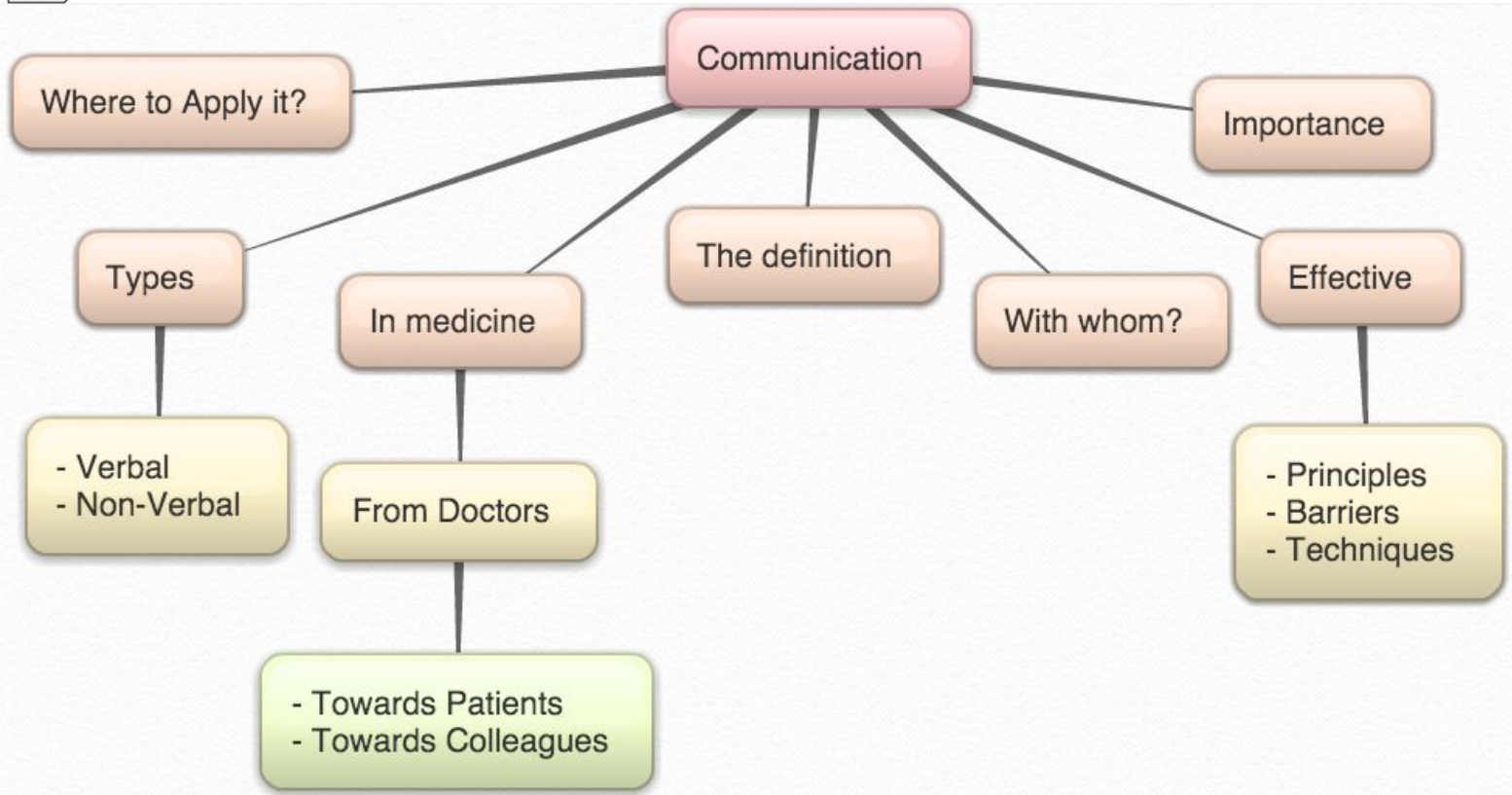
What is Communication?

- **Is the act by which information is shared between humans**
- **It is the process by which we relate and interact with other people.**
- **It includes listening & understanding with passion & respect as well as expressing views & ideas and passing information to others in a clear manner.**

Communication theory:

Communication is a learned skill based on *3 pillars*

| **Accuracy** | ✚ | **Efficiency** | ✚ | **Supportiveness** | ═ | **Effectiveness of communication** |

Importance of communication:

- **Effective** communication is the basis of **mutual understanding** **& trust.**
- **Poor** communication causes **a lot of misunderstanding** **& hinders work & productivity**.

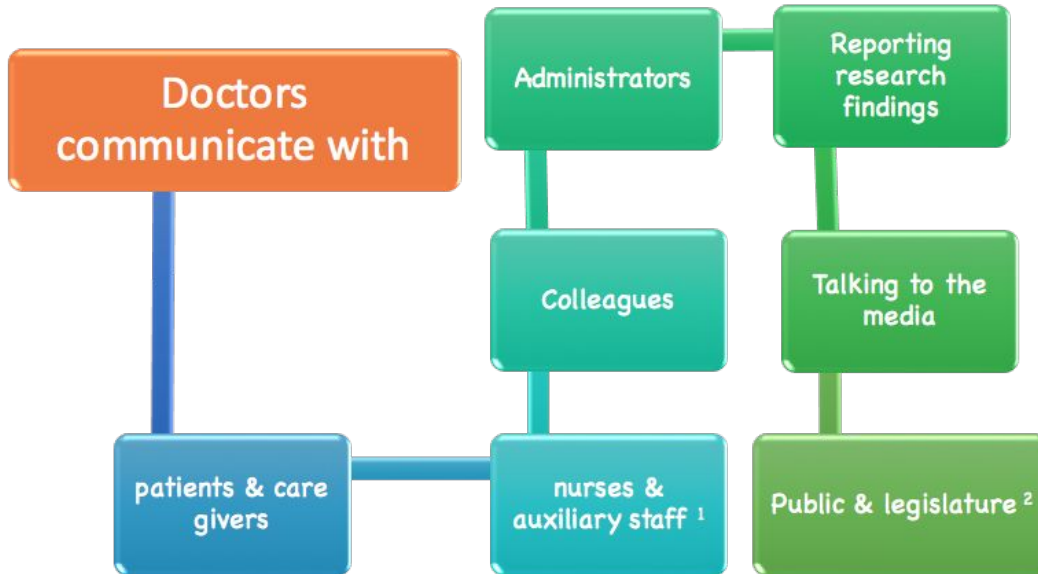| Types of communication	
Verbal = 35%	**Non-verbal = 65%**
● **Speaking to the person** - Look straight in the eye - make eye contact - Show respect ● **Clear message** - Relevant - Use understandable language - Support by illustrations if needed ● **Good listener** - Allow others to understand the message and reply - Listen carefully - Make a dialogue ant not one way instruction	◆ **Facial expressions** ◆ **Tone of voice** ◆ **Movement** ◆ **Appearance** ◆ **Eye contact** ◆ **Gestures** ◆ **Posture**

Communication & medicine :

● <u>Historically</u> the emphasis was on the biomedical model in medical training which places more value on technical proficiency than on communication skills.
● <u>Recently</u> learning communication skills & evidence based practice become the corner stones of modern medicine.

What is required from Doctors?

Towards patients	Towards colleagues
❖ <u>**Listen**</u> to patients and respond to their concerns and preferences. ❖ <u>**Give**</u> patients information in way they can understand ❖ <u>**Taking**</u> patient's views into consideration when assessing their condition ❖ <u>**Respond**</u> to patients questions, keep them informed & share information . ❖ You must make sure, wherever practical, that arrangements are made to meet patient's language and communication needs. ❖ You must be considerate to relatives, carers and partners in providing information and support.	❖ Communicate effectively with colleagues within and outside the team ❖ Make sure your colleagues understand your role and responsibilities in the team and who is responsible for each aspect of patient care ❖ You must treat your colleagues fairly and with respect.

Doctors need to learn essentials of good communication more than other professionals, Why ?
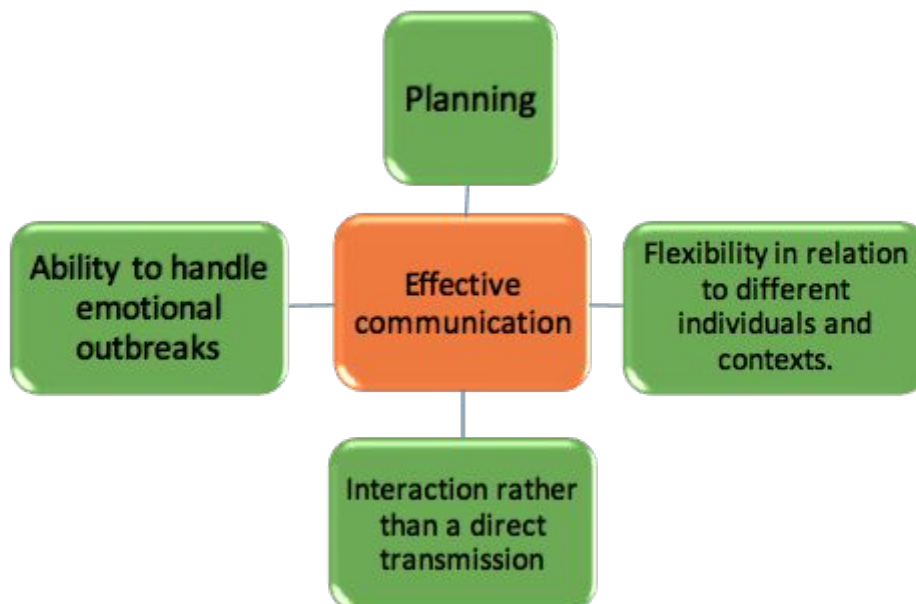● Because **patients are humans** with <u>sensitive needs.</u>
● Doctors <u>**cannot practice medicine without**</u> effective communication skills.
● <u>Poor</u> communication **causes a lot of medico-legal and ethical problems.**

Doctors communicate with

- Administrators
- Reporting research findings
- Colleagues
- Talking to the media
- patients & care givers
- nurses & auxiliary staff [1]
- Public & legislature [2]

Where to apply our Communication skills?

- **The medical interview is the usual communication encounter between the doctor and the patient.**
- **It can be classified according to the purpose of the interview into 4 types:**

1. **History taking**   2. **Consultations**
3. **Obtaining informed consent**   4. **Breaking bad news**

Principles of effective communication:

- Planning
- Ability to handle emotional outbreaks
- Effective communication
- Flexibility in relation to different individuals and contexts.
- Interaction rather than a direct transmission

Communication with peers:
- **Mutual trust & respect**
- **Exchange information**
- **Ask your seniors**

Effective communication: for (patients / you as a Doctor)

- Ensures good working relationship

- Increases patients satisfaction

- Increases patients understanding of illness & management

- Improves patients compliance with treatment

- Reduces medico-legal problems

- Reduces uncertainty

- ☐Communication Influences Your Thinking about Yourself and Others
- ☐Communication Influences How You Learn
- ☐Communication Represents You
- ☐Communication Skills Are Desired by all organizations / institutions

Communication & Medical care:

- **Good communication <u>should be established between the patient, the family and the treating multidisciplinary team.</u>**
- **Patient & family should be encouraged to participate and verbalize in the ward round discussion about:**
- **Offered medical care & treatment**
- **Rehabilitation**
- **Follow- up/re-admission plans**
- **Doubts & worries.**
- **Proper information to patient and family regarding services available and how they can utilize them.**

Communication skills: Some techniques:

- **PRACTICE- fluent dialogue with patient**
- **USE- silence effectively, allowing patient enough time to express thoughts or feelings**
- **ENCOURAGE- patients with your supportive words**
- **UTILIZE - non-verbal communication.**

Listening vs Hearing	
Hearing	**Listening**
A passive activity; no effort	-Attention - Active involvement. - Full understanding - Takes time and effort

Barriers to effective communication:

- **Personal attitudes**
- **Ignorance**
- **Human failings (tiredness, stress)**
- **Language**
- **Poor time management**
- **Strenuous working environment**

Conclusion

- **Effective** communication is the key to success in professional career.
- **Good** communication is essential for proper doctor-patient relationship and help avoids problems of misunderstanding.

Why teamwork is an essential element of patient safety?

The importance of effective teams in health care is increasing due to factors such as:

1. The increased incidence of complexity and specialization of care.
   - E. g. a pregnant woman with diabetes who develops a pulmonary embolus.
   - **The health-care team might include:** Nurses, a midwife, an obstetrician, an endocrinologist and a respiratory physician, as well as the patient.
2. Increasing co-morbiditie. (so you need more than speciality to treat the patient)
3. Increasing incidence of chronic diseases.
4. Global workforce shortages.
5. Initiatives for safe working hours. (عند وجود فريق سيخفف ضغط ساعات العمل على الفرد)

What is a team? A team is a group of two or more individuals (have limited lifespan of membership) who:

- Interact dynamically.
- Have a common goal, objective, mission.
- Have been assigned for specific tasks.
- Possess (have) specialized and complementary skill.

The team might be:

- Multidisciplinary team (OR team), VS Intact team (same discipline e,g IV team)
- Single owner VS **different owner**
- Fixed team, (A constant set of members) VS Fluid team (the memberships may change frequently)
- **Temporary teams VS Permanent teams (**human resources team, operation team)
- Physical Team VS Virtual team

Teams found in health care

Core teams الفريق الأساسي	Core teams consist of team leaders and members who are **<u>directly involved</u>** in caring for the patient. ● Include direct care providers such as: nurses, pharmacists, doctors, dentists, assistants and, of course, the patient.
Coordinating teams فريق التنسيق	● Is the group responsible for <u>day-to-day</u> operational management, **coordination functions** and resource management for core teams. ● Nurses often fill such coordinating.
Contingency teams فريق الطوارئ	Contingency teams are formed for **emergent** or **specific events** (e.g. cardiac arrest teams disaster response teams, rapid response teams).
Ancillary services الخدمات المساعدة	Ancillary service teams consist of individuals who provide direct, task-specific, time-limited care to patients or support services that facilitate patient care. (e.g. cleaners staff).
Support services	Support services teams consist of individuals who provide indirect, task-specific services in a health-care facility. ● Such as Transportation team, security team.
Administration	Administration includes the executive leadership of a unit or facility and has 24-hour accountability for the overall function and management of the organization.

Stages of team development

Forming stage — مرحلة التعارف

1. Initial stage when the team is formed and the members are coming together for the first time.
2. A best candidate should be selected to form a dynamic team , but a flexibility should be adopted in selection process.
3. The skills of the members should match the team task and goals.
4. Voluntary team membership seems to work best when given as a choice.

Storming stage — مرحلة المشاكل

1. Each member tend to rely on his/her own experience.
2. Resistance to work together openly.
3. Hesitate to express new ideas and opinions.
4. Interpersonal disagreement and conflicts.
5. Personal goals rather than team goal.

Norming stage — مرحلة الانسجام

1. Start to know each other.
2. Start to accept each others ideas and opinions.
3. Understand the strengths and weaknesses of the team.
4. Members become friendly to each other.
5. Work together to overcome personal disagreement.
6. Share responsibilities and help each other.

Performing stage — مرحلة التطوير

1. Member are satisfied with the team progress.
2. Members are capable to deal with any task based on their strength and weaknesses.
3. Work together to achieve the team goals.

How to move from storming to norming stage?

- Team members should be introduce to each other in more details.
- Responsibilities must be assigned accordingly.
- Clear communication.
- Social activities. (e.g lunch break or coffee)
- Role should be in rotation.
- Everyone should be treated equally.

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How the use of the team improves patient care ?!

Organizational benefits

1. Reduced hospitalization time and costs
2. Reduced unanticipated admissions
3. Better accessibility for patients

Patients benefits

1. Enhanced satisfaction with care
2. Acceptance of treatment
3. Improved health outcomes and quality of care
4. Reduced medical errors

Team members benefits

1. Enhanced job satisfaction
2. Greater role clarity
3. Enhanced well-being

Team benefits

1. Improved coordination of care
2. Efficient use of health-care
3. Enhanced communication

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Characteristics of successful teams

Effective leadership
- Teams require effective leadership that set and maintain structures, manage conflict, listen to members and trust and support members.
- Effective leadership is a key characteristic of an effective team

Effective communication
- The following strategies can assist team members in sharing information accurately
  - SBAR
    - **Situation** What is going on with the patient?
    - **Background** What is the clinical background or context?
    - **Assessment** What do I think the problem is?
    - **Recommendation** What would I do to correct it?
- Call-out: Call-out is a strategy to communicate important or critical information to inform all team members simultaneously during emergent situations. Such as CPR announcement
- Check-back/read-back
  > Doctor: Give 25 mg Benadryl IV push.
  > Nurse: 25 mg Benadryl IV push?
  > Doctor: That's correct.
- Video, SBAR: https://www.youtube.com/watch?v=4SdyKnjPG78

Common purpose
Team members generate a common and clearly defined purpose that includes collective interests and demonstrates shared ownership

Measurable goals
Teams set goals that are measurable and focused on the team's task.

Good cohesion
Cohesive teams have a unique and identifiable team spirit and commitment and have greater longevity as team members want to continue working together

Mutual respect
Effective teams have members who respect each others talents and beliefs, in addition to their professional contributions

If You Have Any Questions Or Comments Please Inform Us:
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Challenges to effective teamwork

Changing roles	Changing settings	Health-care hierarchies رُتب موظفي الرعاية الطبية	Individualistic nature of health care
In many health-care environments there is considerable change and overlap in the roles played by different health-care professionals.	The nature of health care is changing in many ways, including increased delivery of care for chronic conditions in community care settings and the transfer of many surgical procedures to outpatient centres	Health care is strongly hierarchical in nature, which can be counterproductive to well functioning and effective teams where all members' views should be considered	Many health-care professions, such as nursing, dentistry and medicine, are based on the autonomous one-to-one relationship between the provider and patient.

Mind map
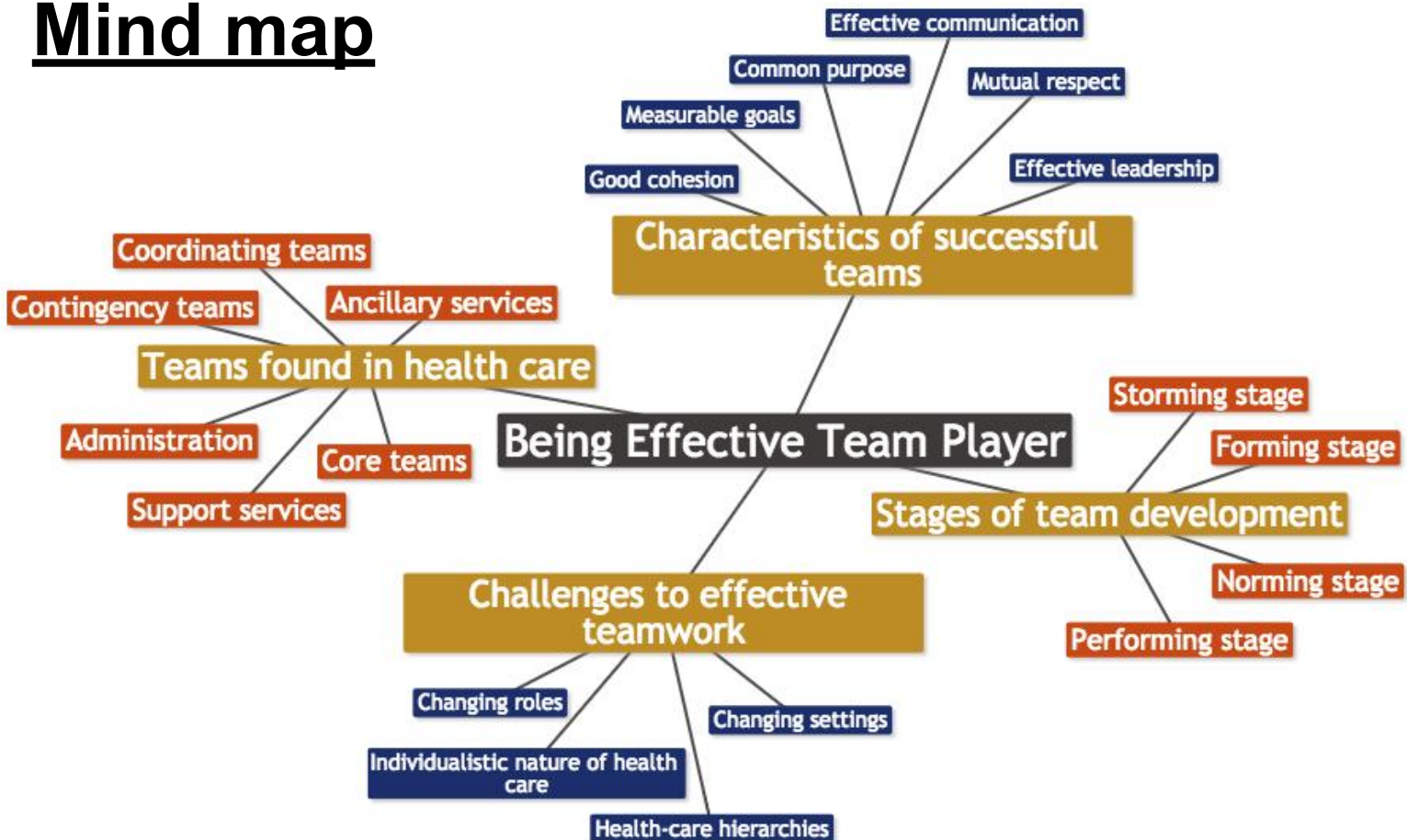
Definition of Community service

- **Community is a group of interacting people, living in the same proximity (in space, time, or relationship).**

- Community usually refers to a social unit larger than a household that shares common values and has social cohesion

In most cases, community service work is performed by **volunteers** who are **not paid** for their time.

- **Community service:** is defined as *donated service or activity that is performed by someone or a group of people for the benefit of the public or its institutions.*

- *Some people associate community service with* **punishment** *-for offenders as an alternative to jail time..*

- *However, community service can also be* **altruistic** *–unselfish-, and it is a vital part of many small communities.*

- *Basically anything which benefits the society in any way can be considered as a community service project or activity.*

Mention some examples of community service?
- Visiting and spending time with lonely elderly.
- Tutoring needy students in their studies for free.
- Helping out at organizations such as libraries.

Why to carry out community service?
★ Benefits the community
★ The volunteers in the activities also gain a sense of accomplishment
★ Better social communication skills
★ Exposure to new peoples and cultures
★ Overall improved mental health

Health
 depends **not** only on medical care but also on other factors including:
- Individual behavior
- Genetic makeup
- Social and economic conditions

Physician and the community

Usually the focus is on the physician - patient relation but the broader sense of responsibility of physicians is *towards their community.*

Who are health stakeholders?

- Health care providers
- Public health agencies
- Community organizations
- Government agencies
- Schools
- Social services organizations

10 Essential services of stakeholders:

1. Monitor health status to identify community health problems.

2. Diagnose and investigate health problems and health hazards in the community.

3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships to identify and solve health problems.

5. Develop policies and plans that support individual and community health efforts.

6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Assure a competent public and personal health care workforce.

9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.

10. Research for new insights and innovative solutions to health problems.

Physicians' role in the community extends to:

A-Public Health	The science and practice of preventing diseases and promoting health in populations. • It depends largely on epidemiology. • Largely performed by governmental organizations. **Traditional objective:** • **To control communicable diseases** • **Safety of water and food supply** • **Response to national disasters**
B-Educational roles	Educating the public about: • Causes of illness • **Preventive measures** • Predisposing factors • **Changes in lifestyle**
C-Improving health care access	Improve the level and ease of access of individuals to health care services by reducing inequalities.
D-Fund raising	• May not apply locally since health care services are provided by the governments. • Funds may be raised to help those individuals who cannot afford to purchase medications or medical equipments.
E-International Aid	• In some areas of the world, health care is very limited and almost non-existent ,most people suffer from diseases such as Malaria, Tuberculosis, Typhoid, and AIDS. Many of the illnesses can be improved or eliminated by basic medical care and other measures. *International community services done through:

Organizations providing humanitarian needs: (General Organizations)	Medical Organizations :	Governments
• Clean water supplies • Clothing • Education	• **Medical care** • **Medications** • **Immunizations** • **Medical supplies** • Teach communities about nutrition and preventive measures • Training of local health care providers	• Aid to other countries during time of need. May include sending: • Medical professionals • Medical equipments • Medications

What is the Concept of Volunteering?

- **Volunteering is generally considered an altruistic activity, intended to improve human quality of life.**

Why some people volunteer?

- **For their own skill development.**
- **To solve problems when needed**
- **To make contacts for possible employment.**
- **To help others and earn respect and favor.**
- **Get benefit of spare time.**

Mention the types of volunteer work?

Types of Volunteer Work

Skill –based volunteering : special skills required.

Micro & virtual- volunteering :

off-site tasks done by internet May need application process or training, eg. Tele-monitoring ,tele-tutoring.

Environmental volunteering:

eg. Protecting animals, education about natural environment. School volunteering:

additional teaching for students.

School volunteering: additional teaching for students.

Emergency volunteering :

during natural disasters.

Community volunteering:

for orphanages, widows, mosques, blood donation, during Hajj and Ramadan,..etc.

International Work –Camps : environmental conservation, rural developments, etc.

Main Functions of Medical Research:

- **Monitoring** and evaluation of drugs / treatments being used.
- **Understanding** human physiology .
- **Causes** of diseases and the best ways to **prevent** or cure them.
- The development of **new treatments**, especially drugs, medical devices and surgical interventions.
- Factors in human health, including patterns of disease **(epidemiology)**
- The organization, funding and delivery of healthcare **(health systems research)**
- Social and cultural aspects of health (**medical sociology and anthropology**)

Why do practicing physicians need a good understanding of medical research methods?

- All physicians **make use** of the results of medical research in their clinical practice.
- To **maintain** their competence, physicians must keep up with the current research , they must know how to interpret the results of research and apply them to their patients.

(2) Potential problems for practicing physicians:

- The physician's primary responsibility is the health and well being of the patient, whereas the researcher's primary responsibility is the **generation of knowledge,** which may or may not contribute to the research subject's health and wellbeing.
- Conflict of interest when the physician is influenced by **financial gains** from research or results of the research.<u>**Principles** of Research with Human Subjects:</u>

1. Respect for Persons	1- معاملة الإنسان كشخصية مستقلة له رأيه الحر دون إكراه.
2. Beneficence	2- الإحسان ومنع الإساءة كما يجب أن الا يصيب الإنسان الضرر نتيجة للبحث.
3. Justice	3- العدل في العبء و الفائدة المرجوة من البحث.

1 -Respect
- individuals have autonomy and choice.
- people can not be used as a means to an end.
- provide protection to vulnerabe.
- provide informed consebt and privacy.

2- beneficence
- kindness beyond duty
- obligation to do no harm
- obligation to prevent harm
- obligation to do good
- minimize risks, maximize benefits

3-justice
- treat all fairly
- share equitably burdens and benefits

Main ethical research requirements:

● **Voluntary consent**	● **For good of society**
● **Animal experiments 1st;**	● **Avoid unnecessary suffering**
● **Do not conduct if death & debility likely human experiments 2nd**	● **Risk commensurate with benefits**
● **Protect subjects against harm**	● **Conducted only by qualified persons**
● **Subjects should be at liberty to discontinue**	● **Terminate if becomes apparent that death or debility will occur.**

Elements Should Be Included In An Informed Consent:

- **Purpose** of the research
- **Procedures** involved in the research
- **Alternatives** available should a subject decide not to participate in the research
- All foreseeable **risks** and discomforts to the subject. *Note that these include not only physical injury but also possible psychological, social, or economic harm, discomfort, or inconvenience.
- **Benefits** of the research to society and possibly to the individual human subject
- **Length** of time the subject is expected to participate
- **Payment** for participation (if applicable)
- **Person to contact** for answers to questions or in the event of a researchrelated injury or emergency
- Statement that participation is **voluntary** and that refusal to participate will not result in any consequences or any loss of benefits that the person is otherwise entitled to receive
- Subjects' right to **confidentiality** and right to **withdraw** from the study at any time without any consequences.

Declaration of Helsinki (DoH)

> **Definition: a concise summary of research ethics. Other, much more detailed, documents have been produced in recent years on research ethics in general. Issued by: World Medical Association**

Important points of :

1. Ethics Review Committee Approval: Medical research on human subjects must be reviewed and approved by an independent ethics committee before it can proceed.

2. Scientific Merit: Medical research involving human subjects must be justifiable on scientific grounds

3. Qualified researchers : Medical research involving human subjects must be conducted by qualified researchers.

4. Social Value: Medical research project should that it contributes to the wellbeing of society in general.

5. Risks and Benefits: It is also necessary for the researcher to demonstrate that the risks to the research subjects are not unreasonable or disproportionate to the expected benefits of the research, which may not even go to the research subjects.

6. Informed Consent: The first principle of the Nuremberg Code reads as follows: "The voluntary consent of the human subject is absolutely essential.

7. Confidentiality Research subjects have a right to privacy with regard to their personal health information.

8. Conflict of Roles The physician's role in the physician-patient relationship is over the researcher's role, even if the physician and the researcher are the same person.

9. Honest Reporting of Results Research results be reported accurately, but unfortunately there have been numerous recent accounts of dishonest practices in the publication of research results.

10. Whistle-blowing: In order to prevent unethical research from occurring, or to expose it after the fact, anyone who has knowledge of such behavior has an obligation to disclose this information to the appropriate authorities.

11. Justice:
 Equitable selection of participants, i.e., avoiding participant populations that may be unfairly coerced into participating, such as prisoners and institutionalized children. The principle of justice also requires equality in distribution of benefits and burdens among the population group(s) likely to benefit from the research.

Informed consent

Definitions:

Voluntary agreement given by a person or a patients' responsible proxy (e.g.a parent) for participation in a study, etc., after being informed of the purpose, methods, procedures, benefits, and risks. The essential criteria of informed consent are that the subject has both knowledge and comprehension, that consent is freely given without duress or undue influence, and that the right of withdrawal at any time is clearly communicated to the patient. Other aspects of informed consent in the context of epidemiologic and biomedical research, and criteria to be met in obtaining it, are specified in International Guidelines for Ethical Review of Epidemiologic Studies and International Ethical Guidelines for Biomedical Research Involving Human Subjects.

The National Committee of Medical & Bioethics consists of the following sub-committees:

- The legal sub-committee.

- The human research sub-committee.

- The flora & animal sub-committee.

- The education & media sub-committee.

What the research ethics committees look for in a research proposal?

- Scientific design and conduct of the study
- Risks and potential benefits
- Selection of study population and recruitment of
- research participants
- Inducements, financial benefits, and financial costs
- Protection of research participants' privacy and confidentiality
- Informed consent process
- Community considerations

what is mentoring	- **It is a relationship that involves interaction between two people (mentor and mentee) normally working in a similar field or sharing similar experiences .** - **"It is a professional _relationship_ built within an organization that is intended to target and focus the _training_ of individuals"** - **Significant benefits are associated with mentorship. Effective mentorship is crucial to career success in academic medicine** - **Mentoring is to support and encourage people to manage their own learning in order that they may maximise their potential, develop their skills, improve their performance and become the person they want to be."**
mentoring involves	**. Interaction between two people** **• Mentor (Teacher, Adviser, Role model and friend)** **• Mentee (student, learner)** **2. Normally working in a similar field or sharing similar experiences** **3. Significant benefits are associated with mentorship** **4. Effective mentorship is crucial to career success in academicmedicine**
benifits of mentoring	- **A career development tool.** - **Develop your skills and help others learn, grow, and improve their skills.**
Variation of mentoring based on:	**1. Different human relationships. 2. Different learning needs.** **3. Different styles of mentoring.**

What is to be expected from a MENTOR ?

Teaching
Professional & personal
Guidance
Role modeling
Socialization

Characteristics of a good mentor

Available
Approachable
Sociable

What a MENTOR should do ?

Address their *educational needs*

Act as a *challenger*

Identify their *strengths* and *weaknesses*

Explore options with their mentee

Provide *Motivation*

Encourage *Reflection*

What is achieved by a Mentor?

Personal development
Experience Contribution
Satisfaction

What a *MENTEE* should consider?

Students are obliged to recognize the multiple demands on a mentor's time.

1. RESPECT: Mutual respect is the starting and sustaining aspect of a successful mentoring relationship.

MENTOR

Relationship

Mentee

What a MENTEE should have?

3. ACCOUNTABILITY: Once you and your mentor establish mutually held goals and expectations, keeping your agreements, strengthens trust and helps maintain a positive relationship.

2. RESPONSIVENESS: Your willingness to learn from your mentor and your mentor's willingness to respond to your learning needs are important for successful collaboration.
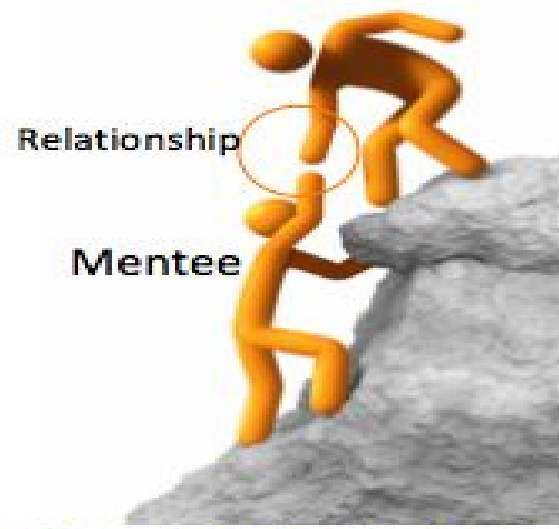
The characters you should have for effective mentoring

Characteristics of GOOD mentoring

- Establish an open communicaton system with mutual feedback
- Set standards, goals, and expectations
- Establish trust
- Care for and enjoy each other
- Allow mistakes

Demonstrate flexibility

Consider constraints to mentoring

Participate willingly

Learn from others

It is an effective way of helping people to progress in their careers.

Work on common tasks

Mentoring flourishes behavioral, motivational and career outcomes

What is to be expected from a GOOD mentoring?

Be open and comfortable
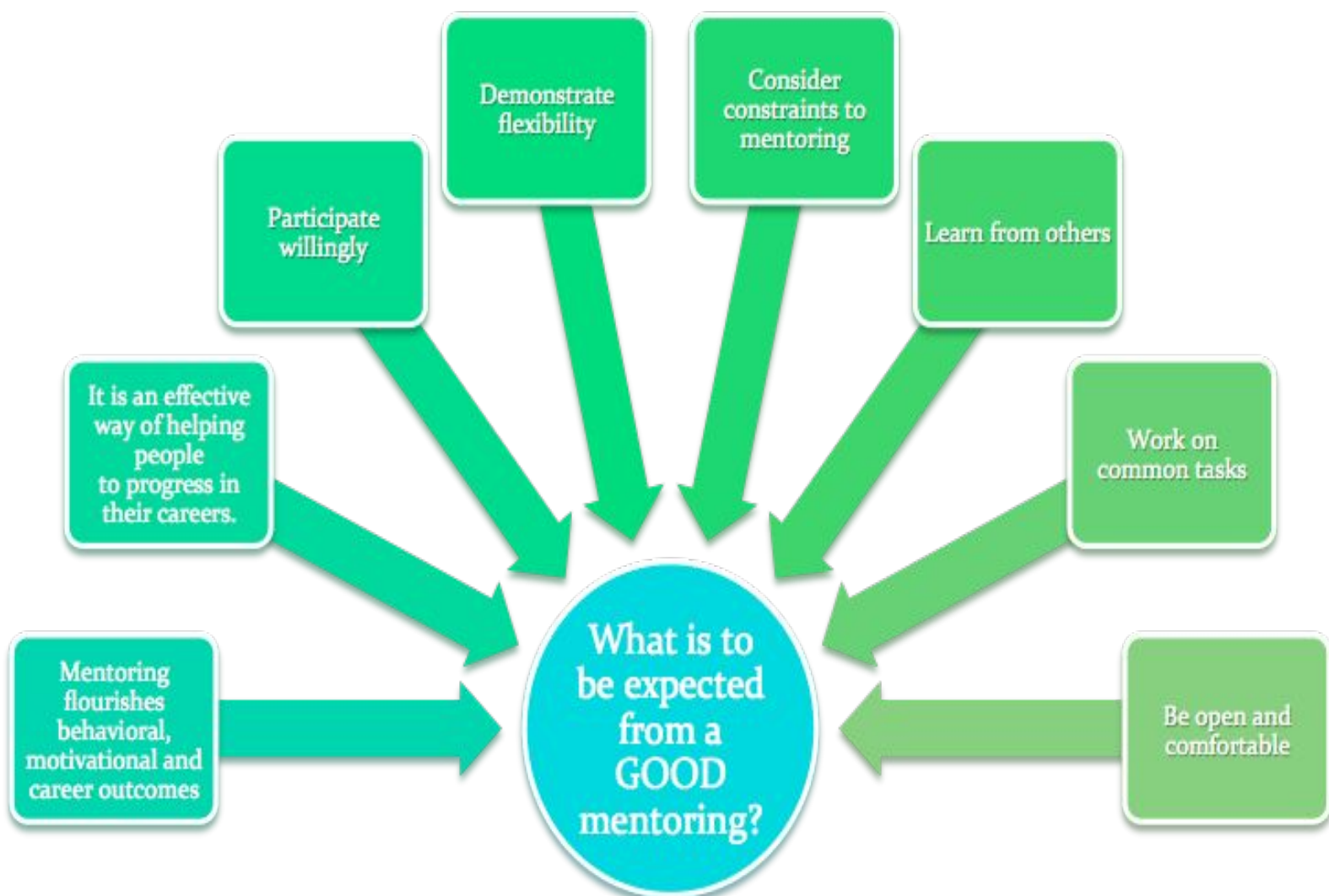
Summary

AS A MENTOR YOU SHOUD HAVE

The desire to help – you should be willing to spend time helping someone else, and remain positive throughout.
The ability to challenge the mentee in a non-threatening way. **Provide Feedback.**

AS A MENTEE YOU SHOULD HAVE

Motivation to continue developing and growing and **Listen actively**

Characteristics of Professionalism:

- **Competency.**
- **Responsibilit..**
- **Attitude.**
- **Conduct on the job.**

Attitudes Central To Medical Professionalism In Cultural Context

- **Humility تواضع**
- **Empathy تعاطف**
- **Respect**
- **Sensitivity**
- **Curiosity**
- **Awareness of all outside influences including cultural on patients health**

Cultural context	
Knowlage	**Skills**
1.It is important for a medical student or post graduate trainee to learn about the surrounding community in which he/she practices or trains. e.g. Socio economic status, patterns of housing nutritional habits, healing practices and disease incidence and prevalence. 2.The knowledge taught has specific evidence based impact on health care delivery. e.g. **How Ramadan fasting affects Muslims who are diabetic.**	It is crucial to understand health beliefs of those who come from different cultures or have different health care experiences.

Three fundamental principles:		
Patient welfare	**Patient autonomy**	**Social justice**
1.Professional competence 2.Honesty with patients -- integrity 3.Patient confidentiality 4.Caring attitude 5.Scientific knowledge 6.Maintaining trust Setting and maintaining professional standards		1.A just distribution of resources 2.Managing conflict of interest 3.Improving quality and access to care 4.Respect for colleagues

Cultural Influences,

While providing professional care physician must not impose his / her view on a patient's:

- **Life style, culture, beliefs, race.**
- **Sex, age / sexuality.**
- **Social status / economic worth.**

Physicians must be prepared to explain and justify his / her actions and decisions.

CONFIDENTIALITY

☐Confidentiality concept may not be the same in the East as in the West.

☐ However its principles are applicable in most settings.

The Centrality Of Patient Physician Relationship To Medical Professionalism Four Possible Consultation Models

PATERNALISTIC MODEL **Physician as a parent**	**Dependent on community's social values and moral norms** ● Physicians are in the best position to judge what is best for their patients. In a strong form of this, physicians authoritatively order patients to assent (with coercion if necessary). ● Culturally applicable in **Chinese** culture and partially in other Far East and South Asian cultures.
DELIBERATIVE MODEL **Physician as a MENTOR**	● Physician objectively knows and prioritizes patient's personal and medical values. ● The physician mentor's grip on decision making is more relaxed than the physician / parent model but autonomy- conscious patients find it unsatisfactory. ● Culturally this is an option for some of the patients in **Eastern countries**
INFORMATIVE ENGINEERING MODEL **Physicians as TECHNICIANS**	● Physicians only provide value neutral medical information and leaving patients to make decisions independently based on personal values (total patient autonomy) ● Physicians treat diseases rather than patients and sick persons are "Consumers". ● Culturally applicable To certain sections of **Western** and relatively less eastern population.
INTERPRETIVE/ COLLEGIAL MODEL **Physicians as FRIENDS OR COUNSELLORS**	● Physician's medical facts and patients personal values contribute to balanced medical decision-making. ● Upholds patient autonomy without undermining the physician's duty of beneficence. ● Shared decision making ● Culturally popular in the West ● Increasingly accepted in the East .

Special Cultural Issues In Professional Care In Different Parts Of The World:

- ☐Insistence on eye contact?
- ☐
- ☐Uncovering of face in some females
- ☐
- ☐Undressing of female patients?
- ☐
- ☐Sharing of confidential information with spouses, relatives?
- ☐
- ☐History taking of female adults from parents or husbands?
- <u>Giving information to patients in a way they can understand</u>

Accepting gifts or other inducements

- You should not ask for or accept any material rewards, except those of insignificant value from representatives of pharmaceutical companies.
- Help with conferences and educational activities may be acceptable.

Physicians must not exploit patient's vulnerability or lack

of medical knowledge.

RESEARCH

- Research should not be contrary to the patient's interest e.g. exploitation of developing countries patients.
- Research protocol should be approved by a research ethics committee.
- This committee may be non existent in many settings.
- Your conduct in the research must not be influenced by payments or gifts.
- Record your research results truthfully.

Cultural Context In Under-graduate Medical Education Curriculum:

- **The goal of the curriculum should be to prepare students to care for patients from diverse social and cultural backgrounds including racial, ethnic and gender biases.**

CRASH Course

in Cultural Competency training program for medical professionals. CRASH is a mnemonic for the following essential components of culturally competent health care:

- Cultural Competency
- Respect
- Assess
- Sensitivity/ Self Awareness
- Humility

The goal of the CRASH-Course in Cultural Competency is to build confidence and competence in the clinician's ability to communicate effectively with diverse patient populations.

Professionalism in Different Cultural Contexts

- Partnership: Working with the patient to accomplish a shared outcome
- Empathy: Recognizing and comprehending another's feelings or experience
- Analogy: Being willing to acknowledge or express regret for contributing to a patient's discomfort, distress, or ill feelings
- Respect: Non-judgmental acceptance of each patient as a unique individual; treating others as you would have them treat you.
- Legitimization: Accepting patient's feelings or reactions regardless of whether or not you agree with those perceptions.
- Support: Expressing willingness to care and be helpful to the patient however you can.

Culture is directly related to health promotion, disease prevention, early detection, access to health care, trust and compliance

CONCLUSION

Patients are entitled to good standards of professional practice and care in all cultural settings.

The essential elements of this medical professionalism are:

1 - Professional competence.

2 - Good relationship with patients and colleagues.

3 - Observance of professional ethical obligations.

Medical teachers should be a role model' in application of these essentials .

- **Hazard:** is any activity, situation or, substance that potential to cause harm, including ill health, injury, loss of product and/or damage to plant and property.
- **Risk:** is the probability that harm (illness or injury) will actually occur

What is clinical risks?

Is the **chance** of an adverse outcome resulting from: clinical investigation, treatment or patient care

- ❏ **Clinical risk management** is a whole systems approach to identifying, assessing, evaluating, minimising and communicating risks associated with clinical activities in order to maximise safety for all parties

Purpose of Risk Management:

- ❏ Improve organizational and client safety
- ❏ Identify and minimize the risks and liability losses
- ❏ Protect the organization resources
- ❏ Support regulatory, accreditation compliance
- ❏ Creating and maintaining safe systems of care, designed to **reduce adverse events** and improve human performance

4 step process to manage clinical risks:

1. Identify the risk
2. assess the frequency and severity of the risk
3. reduce or eliminate the risk
4. Reviewing the effectiveness of the assessment and action plan Assess the costs saved by reducing the risk or the costs of not managing the risk

Clinical risk assessment tool : (Not important)

LIKELIHOOD			CONSEQUENCE				
			Minor 1	Moderate 2	Serious 3	Major 4	Catastrophic 5
	Rare	1	green	green	yellow	yellow	red
	Unlikely	2	green	yellow	yellow	red	red
	Likely	3	yellow	yellow	yellow	red	red
	Expected	4	yellow	yellow	red	red	red
	Certain	5	red	red	red	red	red

Harm occurrence Likelihood levels
- Certain: will occur on every occasion
- Expected: is expected to occur in most circumstances (e.g. more than 2 times a year)
- Likely: could occur in many circumstances (e.g. probable to happen up to 2 times a year)
- Unlikely: could occur occasionally (e.g. possibility of happening once a year)
- Rare: not expected to happen, but is possible (even if no occurrence registered)

Harm severity levels
- Catastrophic: multiple deaths
- Major: possibility of death or major permanent loss of function (motor, sensory, physiologic, or intellectual)
- Serious: major injury / adverse health outcome (e.g. possibility of permanent lessening of bodily functioning)
- Moderate : moderate injury / adverse health outcome (e.g. increased length of stay)
- Minor: no or minor injury/adverse health outcome;

Estimated risk levels: –Red: unacceptable risk –Yellow: tolerable risk –Green: acceptable risk

Identify the risk	Assess the frequency and severity of the risk	Reduce or eliminate the risk
Use the following data as a sources for risk identification: •Adverse event reports. •Mortality and morbidities reports. •Patient complaints reports. •Assess the frequency and severity of the risk;	**SAC (Severity Assessment Code) Score:** **it is a matrix scoring system/ numerical scores are given to the severity and likelihood of risks and these scores are multiplied to get a rating for the risk**	• extreme risk-immediate action required • high risk-need to notify senior management • medium risk-managment responsibility must be specified • low risk-manage by routine procedures

Fitness-to-practice requirements: (important)

•Accountability

•Competency of healthcare professionals.

•Are they practicing beyond their level of experience and skill? Are they unwell, suffering from stress or illness

| Credentialing	Registration (licensure)	Accreditation
The process of assessing and conferring approval on a person's suitability to provide specific consumer/patient care and treatment services, within defined limits, based on an individual's licence, education, training, experience, and competence.	•Registration of health-care practitioners with a government authority, to protect the health and safety of the public through mechanisms designed to ensure that health practitioners are fit to practise. •E.g Saudi Commission for Health Specialties •Proper registration is an important part of the credentialing and accreditation processes	•Is a formal process to ensure delivery of safe, high-quality health care based on standards and processes devised and developed by health-care professionals for health-care services. •National Accreditation Program: CBAHI •International Accreditation Program: Joint commission (US), Accreditation Canada (Canada)

Principal Types of Human errors

A- Mistakes: Failure of planning

- **Rule-based: E,g: wrong diagnosis end with inappropriate treatment plan**
- **Knowledge-based : E.g: when physicians are dealing with unfamiliar clinical situations**

B- Skill-based errors:

- **Slips error : If the action is observable** e.g pushing the wrong button on a piece of equipment
- **Lapse error : If the action is NOT observable** e.g a memory failure, such as forgetting to administer a medication.

Factors Associated with an Increased Risk of Error :
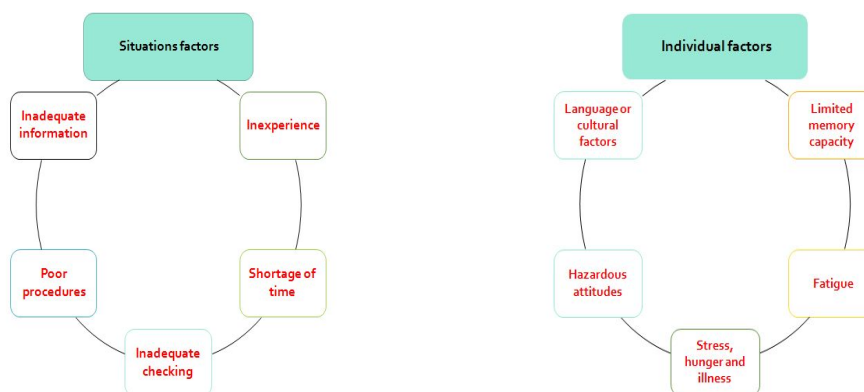
Medical error:

Failure of planned action to be completed as intended or the use of **wrong plan** to achieve an aim

Violations: are errors caused by deliberate deviation by an individual from an accepted protocol or standard of care.

Types of errors :

Sentinel Event	Is an **unexpected occurrence** involving death or serious physical or psychological injury ex:opperating on the wrong side or wrong patient. e.g. surgery on the wrong patient or body site, incompatible blood transfusion. •Many health-care facilities have mandated the reporting of these types of events because of the significant risks associated with their repetition
Near Miss	Incidence about to happen but by chance didn't occur
Adverse Event	Defined as incidents in which harm resulted to a person receiving Adverse Event health care. They include infections, falls resulting in injuries, (include sentinel event +medication error)
Medication Errors	Is any preventable event that may cause or led to inappropriate Medication Errors medication use or patient harm.

How to capture error? (Important, try to understand the difinitions)

1- Incident reporting :

❏   Is a form that is filled out in order to record details of an unusual event that occurs at the facility, such as an injury to a patient.

❏   the purpose of the incident report is to document the exact details of the occurrence while they are fresh in the minds of those who witnessed the event.

2- Patient complain:

A complaint : is defined as an expression of dissatisfaction by a patient, family member or carer with the provided health care.

•Complaints often highlight problems that need addressing, such as poor communication or suboptimal decision making.

•Communication problems are common causes of complaints, as are problems with treatment and diagnosis.

Benefits of complaints:

- Assist the maintenance of high standards;
- Reduce the frequency of litigation;
- Help maintain trust in the profession;
- Encourage self-assessment;
- Protect the public.

Root cause analysis (Fish bone analysis)
is an approach for identifying the underlying causes of why an incident occurred so that the most effective solutions can be identified and implemented

*It's not necessary to fill all of the six it depend on the problem
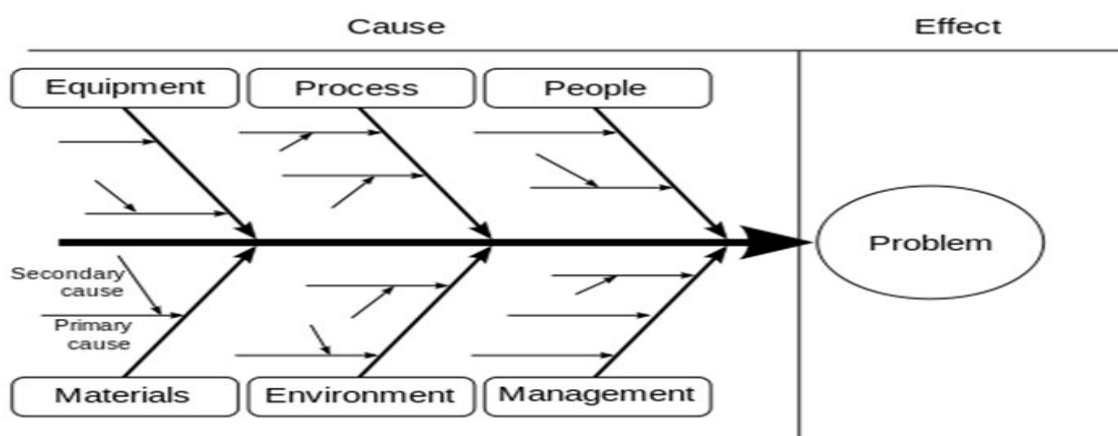
Action plan and time frame:

Objective (What)	Actions (How)	Responsible (Who)	Timescale (When)	Progress review regularly) and sign off when (completed
Patients fall	Handler	Engineering	3months	متابعة القضية

<u>Summary</u>

- **Medical error is a complex issue, but error itself is an inevitable part of being human.**
- **These tips are known to limit the potential errors caused by humans**
- **Avoid reliance on memory**
- **Simplify process**
- **Standardize common processes and procedures**
- **Routinely use checklists**
- **Decrease reliance on vigilance**
- **Learning from error can occur at both an individual level and an organizational level through incident reporting and analysis.**
- **Root cause analysis (RCA) is a highly structured systemic approach to incident analysis that is generally reserved for the most serious patient harm episodes**
- **Health-care professionals are responsible for the treatment, care and clinical outcomes of their patients.**
- **Personal accountability is important, as any person in the chain might expose a patient to risk.**
- **One way for professionals to help prevent adverse events is to identify areas prone to errors.**
- **The proactive intervention of a systems approach for minimizing the opportunities for errors can prevent adverse events.**
- **Individuals can also work to maintain a safe clinical working environment by looking after their own health and responding appropriately to concerns from patients and colleagues.**

World Health Organization:

5-Star Doctor

Care Provider	→	Decision Maker	→	Communicator	→	Health Advisor and Community Leader	→	Team member

- ## 7 Roles of the Physician :

Medical Expert
- (clinical decision-maker)

Communicator
- (educator, humanist, healer)

Resource Manager

Health Advocate

Learner

Scientist/scholar

A person

- ## Key Elements of a Good Physician:

Altruism	Accountability	Excellence	Duty	Honor/Integrity	Respect for Others

- Professionalism is the basis of Medicine's contract with society
- Professionalism is Attributes and behaviors that serve to maintain patient interests above physician self-interest.
- 3 General Principles
1. Patient Welfare
2. Patient Autonomy
3. Social Justice

How can I make professionalism more concrete for learners?

- Describe professionalism, or lapses of it, in terms of specific behaviors.
- Categorize levels of professionalism and describe examples for each level.
- Review professionalism scenarios

(11) Professional Responsibilities :

Professional Competence	Patient Confidentialiy	Cooperation and Collegiality	Improving access to care	Professional Responsibilities	Scientific Knowledge
Honesty	Appropriate Relations with Patients	Open and Honest Relationships with Colleagues and 3rd parties	Improving the health of the community	Maintaining trust by maintaining conflicts of interest	

- ## Examples of Unprofessional Behavior: (Read)

A final-year medical student has caused disruptions throughout the course by monopolizing time in tutorials, behaving inappropriately with patients and being unwilling to heed advice. Many patients refuse to be interviewed by her/him and have complained to staff. S/he has not failed any exams, but several tutors and nurses have raised concerns about the student's "attitude" and ability to work as an intern.

A senior doctor, head of a high profile department, is known to bring in research dollars, to be very hard working and adept at specialized medical procedures. S/he is well known for shouting at nurses, throwing instruments back at them, and humiliating junior medical staff. S/he is often absent from department, Complaints are made to hospital administration from staff members; increased numbers of "critical incidents" and staff resignations are noted.

A general practitioner is consistently late or absent for pre-scheduled sessions. S/he gives no explanation, leaving the partners to fill in and make excuses. When confronted, s/he becomes abusive in front of office staff and patients.

What is Unprofessionalism?

- **Not pertaining to the characteristic of a profession**

Medical Unprofessionalism:

Do not have to wait until patient dies to determine that medical care suffered

Unprofessional Behavior:

1- Abuse of power	Abuse while interacting with patients and colleagues; bias and sexual harassment; and breach of confidentiality
2- Arrogance	Offensive display of superiority and self-importance
3- Greed	When money becomes the driving force
4- Misrepresentation	lying, which is consciously failing to tell the truth; and fraud, which is conscious misrepresentation of material fact with the intent to mislead
5- Impairment	Any disability that may prevent the physician from discharging his/her duties
6- Lack of conscientiousness	failure to fulfill responsibilities
7- Conflicts in interests	Self-promotion/ advertising or unethical collaboration with industry; acceptance of gifts; and misuse of services – overcharging, inappropriate treatment or prolonging contact with patients

Unprofessional behavior is a broad term which results in:

Increased workplace difficulties

Decreased morale in other staff

Decline in patient care
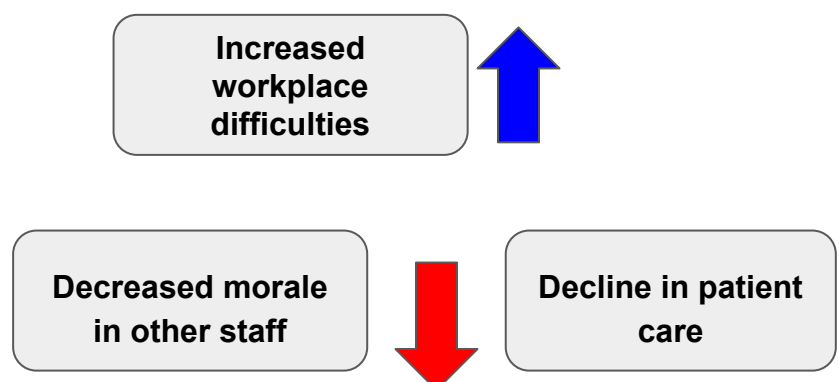
Categories of unprofessional behavior:

1. Illegal or criminal acts:
- A physician may be <u>disciplined</u> and <u>lose his medical license</u> based solely on the fact that he was convicted for a crime or offense.

2. Immoral acts:
- Fall into the limited category of sexual activity with individuals that may be patients.

3.Business related acts:

- These acts are related to the operation of the business, not the quality of the care.
- Obtain, maintain, or renew a license to practice medicine by bribery, fraud or misrepresentation

4. Acts that violate acceptable medical practices: 3 categories

Quality of care	Negligent practice	Administrative

Negligent practice

Is an act by a health care provider in which the treatment provided falls below the accepted standard of practice in the medical community and causes injury or death.

- Failure to maintain records of a patient, relating to diagnosis, treatment and care
- Altering medical records
- Failure to make medical records available for inspection
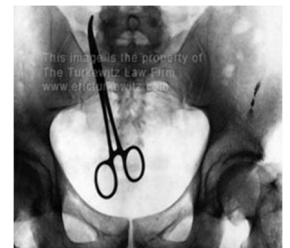
5. Plagiarism:
 Is an unethical, dishonest act whereby an individual uses the work of another, commit literacy theft, or present work as an original idea without crediting the source or stating that it is derived from an existing source.

<u>Types of plagiarism:</u>

Using data for example; statistics, graphs, and drawings without acknowledging sources
Repeating another person's apt phrase without acknowledgement
Using another person's sentences or arguments as if they were your own
***Presenting another person's idea, opinion, or theory in the development of an argument as though it is your own**

Unprofessional physician:

- **Impaired**
- **Disruptive behavior**
- **Dishonest**
- **Greedy**
- **Abuses power**
- **Lacks interpersonal skills**
- **Conflict of interest**
- **Self-serving**

Impairment:

- ❏ Impairment means more than making incorrect diagnosis.
- 1. Avoidance of patients and their psychological needs
- 2. Dehumanized care
- 3. Inappropriate treatment

Disruptive behavior:

- ❏ Behavior that interferes with work or creates a hostile environment
- ❏ behavior that creates stressful environments and interferes with others' effective functioning
- ❏ Include repeated episodes of:
- Sexual harassment
- Racial or ethnic slurs
- Intimidation and abusive language
- Persistent lateness in responding to calls at work

Early warning signs:

- Late or incomplete charting
- Delayed or no responses to call or pagers
- Abusive treatment of staff
- Unkempt appearance and dress
- Inability to accept criticism
- Gender or Religious bias bias

Complaints as indicators of unprofessional behavior

20–25% apparently disappoint their patients

More than 2/3 of physicians never or very rarely generate patient complaints (Hickson et al. 2002, 2007a,2007b).

A total of 6% of doctors, however, received 25 or more complaints over a 6-year period

Nurse surveys suggest that 4–5% of physicians display such behavior
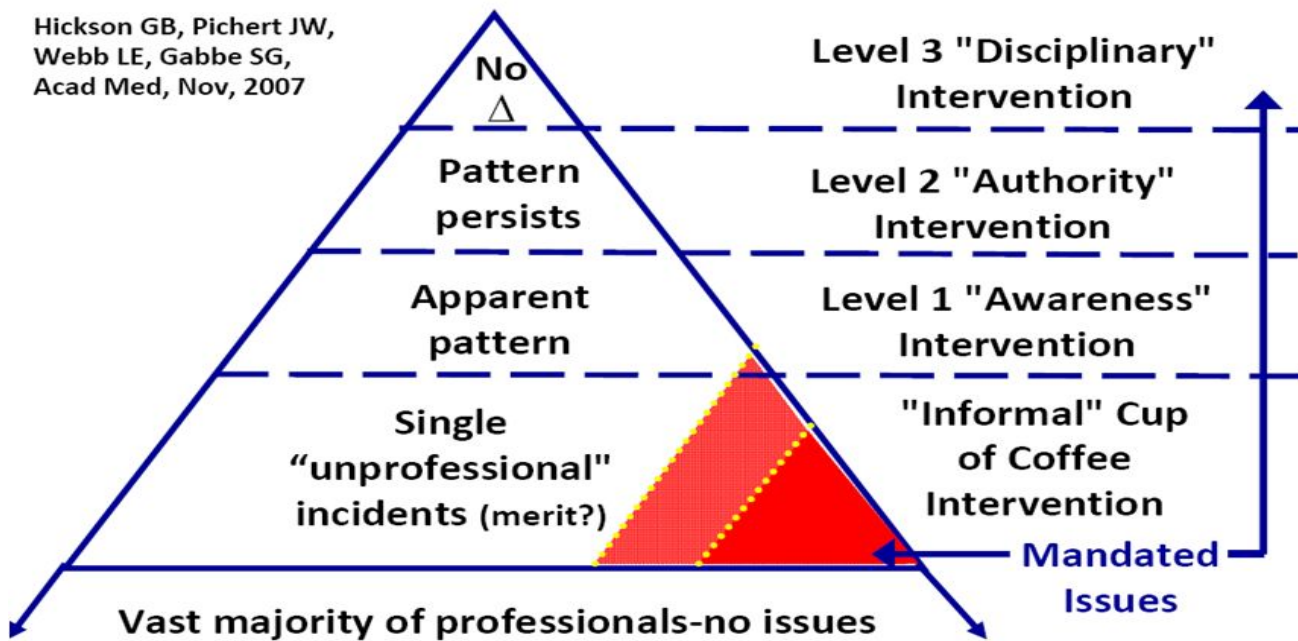
> The eyes and ears of patients, visitors and healthcare team members are considered to be the most effective surveillance tools for detecting unprofessional behavior

Dealing with unprofessional behavior:	
Surveillance	**Registration**

Disruptive behavior pyramid:

Hickson GB, Pichert JW, Webb LE, Gabbe SG, Acad Med, Nov, 2007

No Δ

Pattern persists

Apparent pattern

Single "unprofessional" incidents (merit?)

Vast majority of professionals-no issues

Level 3 "Disciplinary" Intervention

Level 2 "Authority" Intervention

Level 1 "Awareness" Intervention

"Informal" Cup of Coffee Intervention

Mandated Issues

What does formalizing a response need?

It needs cost + time

Potential benefits of formalizing a response

- cost-saving
- Builds the trust of public/patient
- Improves the healthcare services

Summary

**1) Not pertaining to the characteristic of a profession.**

2) Unprofessional behavior fall into five categories:

- **Illegal or criminal acts**
- **Immoral acts**
- **Business related acts**
- **Acts that violate acceptable medical practices**
- **Plagiarism**

3) Do not have to wait until patient dies to determine that medical care suffered.

What is "Bad News" in Medicine?

- Information that produces a negative alteration to a person's expectation about their present and future could be deemed Bad News

- Your Bad News may not be my Bad News.

- Bad News doesn't have to be fatal

- Bad News doesn't have to seem so bad to the medical practitioner.
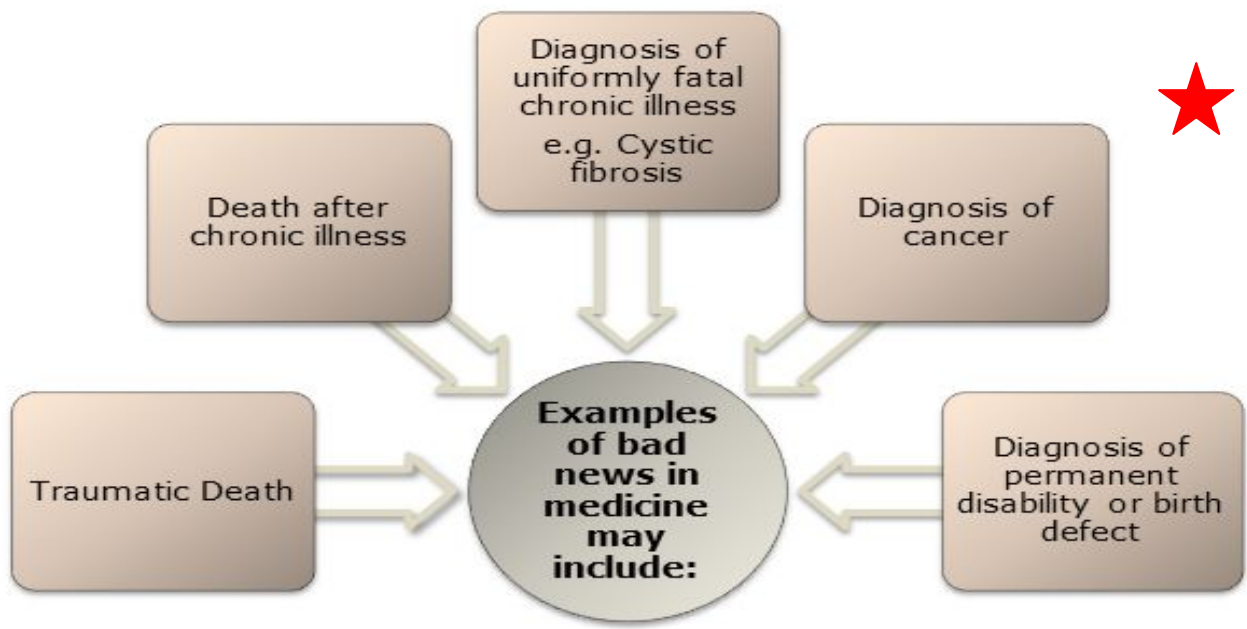
To some patients or to their families "Bad News" *may also include*;

- Unexpected admission to ICU
- Long bone fracture
- H1N1 influenza
- Need for surgery e.g. Hernia or Appendicitis

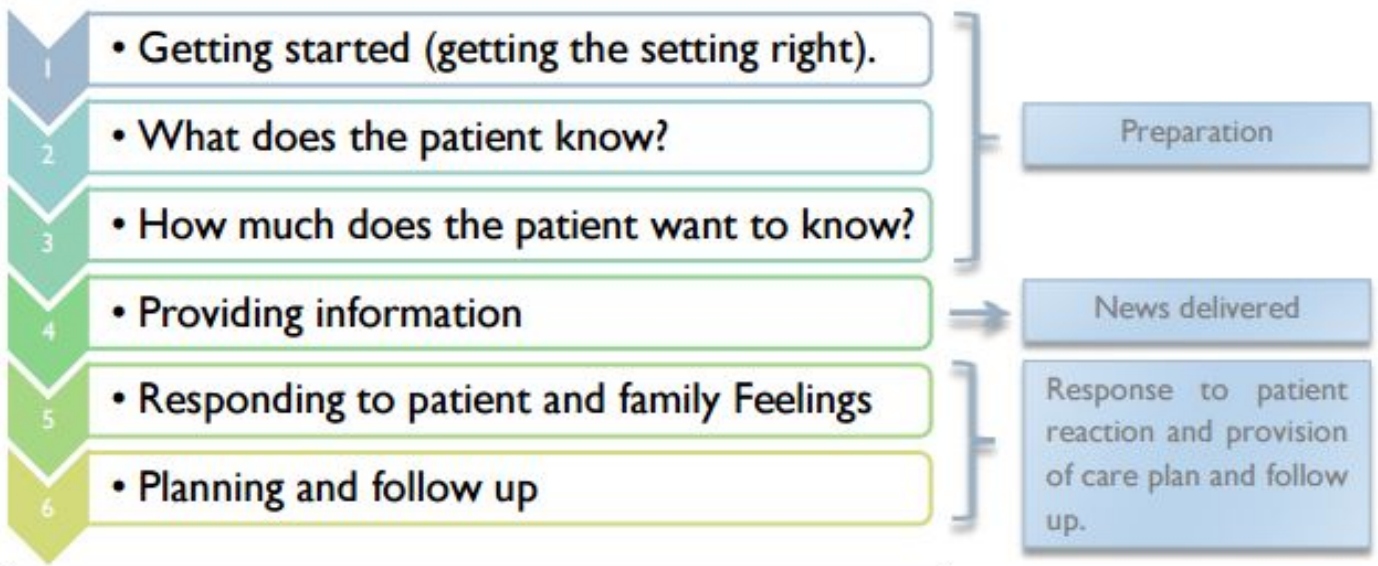| Breaking Bad News "Options"		
Nondisclosure	Full Disclosure	Individualized Disclosure
-	Give all information As soon as it is known	Tailors amount and timing of information Negotiation between doctor and patient As soon as it is known

"Bad News" Consensus:

- ❏ Ensure Privacy and Adequate Time
- ❏ Provide Information Simply and Honestly
- ❏ Encourage Patients to Express Feelings
- ❏ Arrange Review
- ❏ Discuss all the available Treatment Options

- ❏ Provide Information About Support Services
- ❏ Document Information Given

Basic Principles	
When to be informed ?	-As <u>soon</u> as information is clearly known -<u>Don't</u> pass on unsure information too soon
Where to be informed ?	-Private setting - **In person**, not on phone
Support persons present?	-Both parents -Other support people, family, friends, hospital support
Challenges. It's a difficult task because;	• It is <u>frequent</u> and <u>stressful</u> • Most patients want to know the truth • The truth is unpleasant and will upset the patients • We are anxious and fear negative evaluation

How should Bad News be delivered? (6 Step Protocol for breaking bad news) ★

1	• Getting started (getting the setting right).	Preparation
2	• What does the patient know?	
3	• How much does the patient want to know?	
4	• Providing information	News delivered
5	• Responding to patient and family Feelings	Response to patient reaction and provision of care plan and follow up.
6	• Planning and follow up	

Steps 1,2,3 : Preparation

A. Prepare **Yourself**	B. Prepare Your **Setting**	C. Prepare Your **Patient**
1. Have your facts right first. 2. Familiarise yourself with the patient's background, medical history, test results and possible future management. 3. Mentally rehearse the interview including likely questions and potential responses. 4. Relatives can be in attendance, however you should be guided by the wishes of the patient	1. Meet in a quiet room. 2. Arrange some privacy and ensure you are not going to be disturbed. 3. If you have recently examined the patient allow them to dress before the interview	1. What do they know already? 2. What do they want to know? 3. Some patients do not want detail 4. Build up gradually

Step 4:

- ◆ Use basic communication skills: use simple language, listen, follow up verbal and non-verbal cues.
- ◆ Start at the level of comprehension and vocabulary of the patient.
- ◆ Avoid excessive bluntness, as it is likely to leave the patient isolated and later angry.
- ◆ **Set the tone. "I am afraid I have some bad news".**

- ◆ Give the information in small chunks
- ◆ Avoid using hopelessness terms
- ◆ Be truthful, gentle and courteous.
- ◆ **Offer hope.**
- ◆ **Emphasize the positive.**
- ◆ **Allow questions.**

Steps 5 and 6 : ★

1. Respond to Patient & Family Feelings:

Acknowledge and identify with the emotion experienced by the patient. When a patient is silent use open questions, asking them how they are feeling or thinking. "How are you feeling now?"	Do not say "I know how you feel". Empathy can be shown by using terms such as, "I think I understand how you must be feeling."	Allow the patient time to express their emotions and let the patient know you understand and acknowledge their emotions	Unless patients' emotions are adequately addressed it is difficult for the doctor and patient to move on to discuss other important issues but remember the patient's crisis is not your crisis - Listen.

2. Providing Care Plan :

- Don't leave the patient confused
- Provide a clear care plan with treatment options
- Identify support systems; involve relatives and friends.
- Offer to meet and talk to the family if not present.
- Make written materials available.
- Summarise.

3. After the Interview: Follow up

- Make a clear record of the interview, the terms used, the options discussed and the future plan.
- Inform other people looking after the patient what you have done.
- May need to have a number of meetings
- Follow up the patient.

Always DOCUMENT every step taken to notify the patient of the bad news.

☐What *Not to Do* ?

- Don't Break bad news over the phone.
- ☐Don't Avoid the patient.
- ☐Don't Leave patient in suspense.
- ☐Don't Lie to the patient.
- ☐Don't Tell patient if he or she doesn't want to know.
- ☐Don't Interrupt excessively.
- ☐Don't Use jargon.
- ☐Don't Give excessive information as this causes confusion.

- ☐Don't Be judgmental.
- ☐Don't Give a definite time span (just say "days to weeks" or "months to years" etc.
- ☐Don't Pretend treatment is working if it isn't.
- ☐Don't Say "Nothing can be done".
- ☐☐Do not say "*I know how you feel*".

Instead

"*I think I can understand how you must be feeling.*"

Breaking Bad News "in the Emergency Department"

It is a difficult task because	• ☐Families do not have time to prepare for the bad news. • ☐Practitioners do not have a prior relation with patient or family • ☐A stressful situation for practitioners.	
Death notification	• **BE READY FOR** • ☐Initial reaction of eruption of grief • ☐Reactions are varied and Culturally determined • ☐Very rarely yet chances of hostile reaction towards the staff	• **WHAT TO DO?** ☐Physician should stay in room with family: • ☐As a resource • ☐As a silent presence • ☐Remind family members (especially other children) that it was not their fault.
	• **Follow the GRIEV_ING Protocol**	
☐The GRIEV_ING Protocol	**G** : **Gather** the family. **R** : **Resources** : call for support to assist the family. **I** : **Identify** yourself , identify the deceased patient by name and the knowledge to be disclosed to the family. **E** : **Educate** family about the event that occurred for their deceased in the emergency. **V** : **Verify** that their family member has died (dead). **-** : **Space** ; give the family personal space and time for emotional moment and absorb the information.	

The purpose of Quality improvement methods

- **Identify a problem.**
- **Measure the problem.**
- **Develop a range of interventions designed to fix the problem**
- **Test whether the interventions worked.**

The science of improvement

The following four components of knowledge that underpin improvement:

### A) Appreciation (Understand) of A System: Most patient care outcomes or services result from **a complex system of interaction between health-care professionals**, (doctors, nurses, patients, treatments, equipment, procedures, theatres and so on).	### B) Understanding of Variation: - There is extensive variation in health care and patient outcomes **can differ from one ward to another, from one hospital to another**. Variation, though, is a feature of most systems. - Shortages of personnel, drugs or beds can lead to variations of care.
### C) Theory of knowledge - When health professionals have **experience and knowledge of the area** they wish to change it is more likely that the change will result in an improvement. - For example, health professionals who work in particular health-care settings such as a clinic may be better at predicting the results of a change in this environment. Because they have more knowledge about these clinics and the way they	### D) Psychology - Understanding the psychology of **how people interact with each other and the system** - Example: A medical ward, includes a number of people who will vary in their reactions to a similar event such as introducing an incident monitoring system. We do not need to understand these components in depth to apply the knowledge. we can drive a car without understanding how it works.

The role of measurement in improvement

- Measurement (collect and analyze data)is an essential component of quality Improvement.
- There is strong evidence to show that when people use the appropriate measures to measure change, significant improvements can be made.
- All quality improvement methods rely on measurement

.

Three main types of measures:

Outcomes Measures نتيجة	Processes Measures عملية	Structure Measures
Represent the ultimate goal of healthcare Example: The 30-day mortality rate,morbidity , readmission, infection.	Represent the delivery of specific clinical services to patients, are often based upon clinical guidelines. Example: The percentage of patients hospitalized for myocardial infarction who are treated with a beta blocker at the time of discharge ,complaince, daily use..	Structure Measures (Number): Represent the characteristics of individual healthcare providers, organizations, and facilities. Example: Nursing to patient ratio in the ICU (Number)

Change Concepts

- A general idea, with proven merit and sound scientific or logical foundation, that can stimulate specific ideas for changes that lead to improvement.
- Asking what changes can be made to improve a particular situation
- Example :improved study habits, tension with a family member, a teacher or difficulties at work

Change Concepts

The following nine (9) general categories:

|	
Eliminate waste	Look for ways of eliminating any activity or resource in the hospital or clinic that does not add value to patient care
Improve workflow	Improving the flow of work in processes is an important way to improve the quality of patient care delivered by those processes.
Optimize inventory	Inventory of all types is a possible source of waste in organizations; understanding where inventory is stored in a system is the first step in finding opportunities for improvement.
Change the work environment	Changing the work environment itself can be a high-leverage opportunity for making all other process changes more effective
Enhance the health provider/patient relationship	To benefit from improvements in quality and safety of health care, the health-care professionals and patients must recognize and appreciate the improvements
Manage time	An organization can get more achieved by reducing the time to deliver health care, develop new ways of delivering health care, reducing waiting times for services and cycle times for all services and functions in the organization.
Manage variation	Reducing variation improves the predictability of outcomes and helps reduce the frequency of adverse outcomes for patients.

Design systems to avoid mistakes	Organizations can reduce errors by redesigning the system to ensure that there is redundancy i.e. multiple checks and balances to combat human error.
Focus on the product or service	Although many organizations focus on ways to improve processes, it is also important to address improvement of products and services

continuous improvement methods:

There are a number of examples of quality improvement methods in health care but the two most relevant to medical setting are:

- **Clinical practice improvement(CPI) methodology;**
- **Root cause analysis(RCA).**
- **PDSA (plan-do-study-act)**
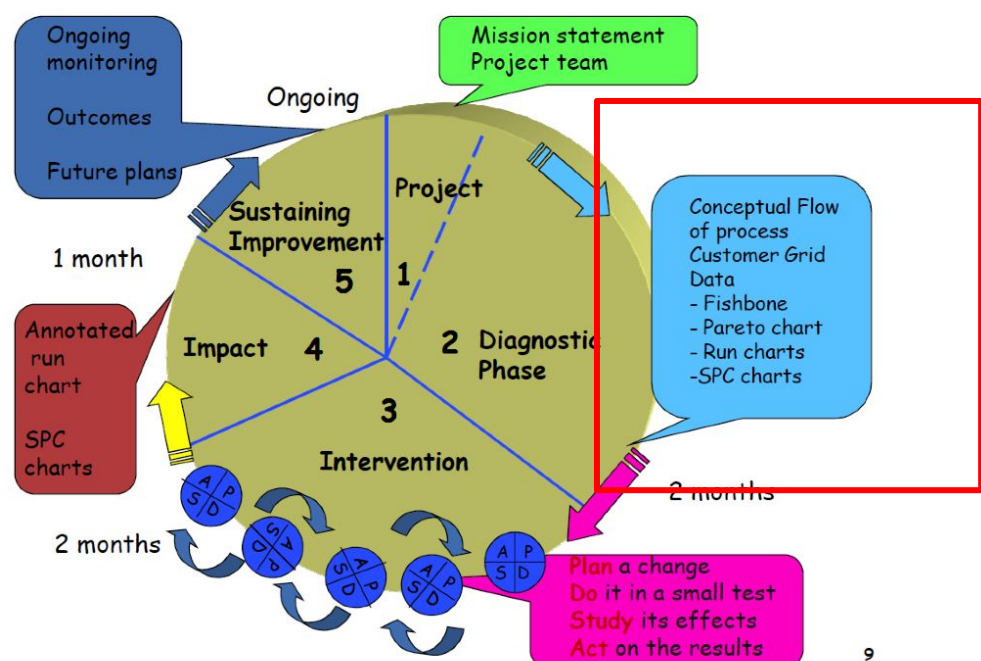
improvement model- (Plan-do-study-act cycle):

The IHI model has two parts:

- **Three fundamental questions, which can be addressed in any order**
- **The PDSA cycle to test and implement changes in real work settings—the PDSA cycle guides the test of a change to determine if the change is an improvement.**

The questions are: (Read only)

1. What are we trying to accomplish?

It is important that the team agrees that a problem exists and that it is worthwhile fixing.

2. How will we know whether a change is an improvement?

An improvement can only be confirmed when the measures show things were improved over time.

3. What changes can we make that will result in an improvement?

the team testing the different interventions used to make the improvements.
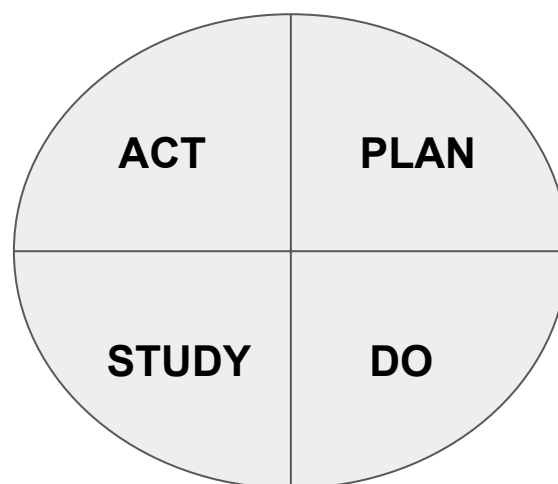
Root cause analysis (RCA): (Method)

Is a defined process that seeks to **explore all of the possible factors associated with an incident** by asking what happened, why it occurred and what can be done to prevent it from happening again.

Requires the following components.

- **Multidisciplinary team** (More than one)
- **Root cause analysis effort is directed towards finding out what happened:**
  - **Documentation and review (medical records, incident forms, hospitals guidelines, literature review;**
  - **Site visit—to examine the equipment, the surroundings and observe the relationships of the relevant staff;**

Event fishbone is a key part of the investigation as it:

- **Helps to form a common understanding of what happened;**
- **Allows the team to develop problem statements**

The team develops a problem statement

# Establishing the contributing factors or root causes are accomplished through:

A brainstorming process of all possible factors:

- *Environmental factors:* e.g. The work environment; medico-legal issues.
- *Organizational factors:* e.g. Staffing levels; policies; workload and fatigue.
- T*eam staff factors:* e.g. Supervision of junior staff; availability of senior doctors.
- *Individual staff factors:* e.g. Level of knowledge or experience.
- *Task factors:* e.g. Existence of clear protocols and guidelines.
- *Patient factors:* e.g. Distressed patients; communication and cultural barriers between patients and staff; multiple co-morbidities.
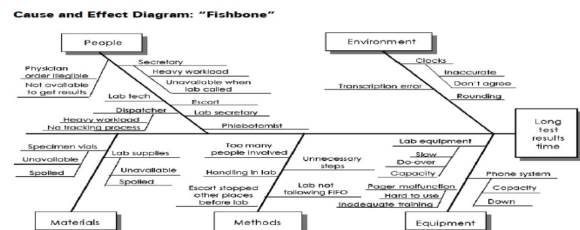
Quality improvement tools: (important)

- **Flowcharts (to facilitate A process..)**

A flowchart is a pictorial method for showing all the

**steps or parts of a process** that makes up the system.
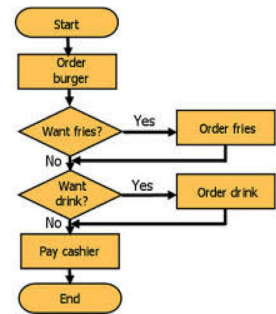
- **Cause and effect diagrams(ishikawa/fishbone) for RCA**

A tool for solving problems. The diagram is used to explore and display the possible causes of a certain effect


- **Pareto charts**
  - **A bar chart in which the multiple factors that contribute to the overall effect are arranged in descending order according to the magnitude of their effect.**
  - **It helps the team concentrate its efforts on the factors that have the greatest impact**
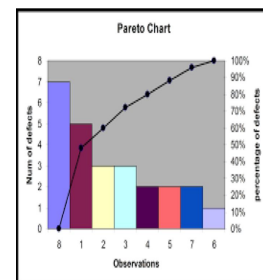
- **Run charts (TIME)**
  - **Run charts or time plots are graphs of data over time.**
  - **A run chart helps the team know if a change is an improvement over time or just a random fluctuation wrongly interpreted as significant improvement.**
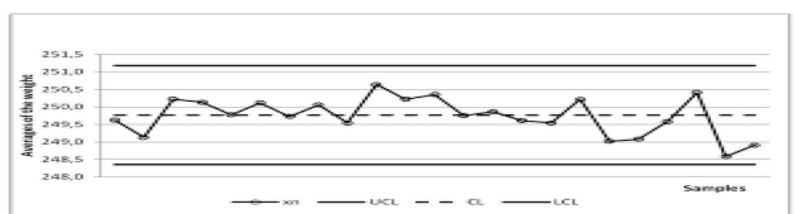
Summary

- **The patient care improves and errors are minimized when clinicians use quality improvement methods and tools.**
- **You cannot manage what you cannot measure'.**
- **Plan –Do – Check – Act' cycle, plays a key role in quality and productivity improvement activities.**
- **Flowcharts; fishbone; Pareto charts; and Run charts are effective tools for improvement**

اللهم إني أستودعك ما قرأت و ما حفظت و ما
تعلمت، فرده عند حاجتي إليه، إنك على كل
شيء قدير، حسبنا
الله و نعم الوكيل..