MANAGEMENT PLAN

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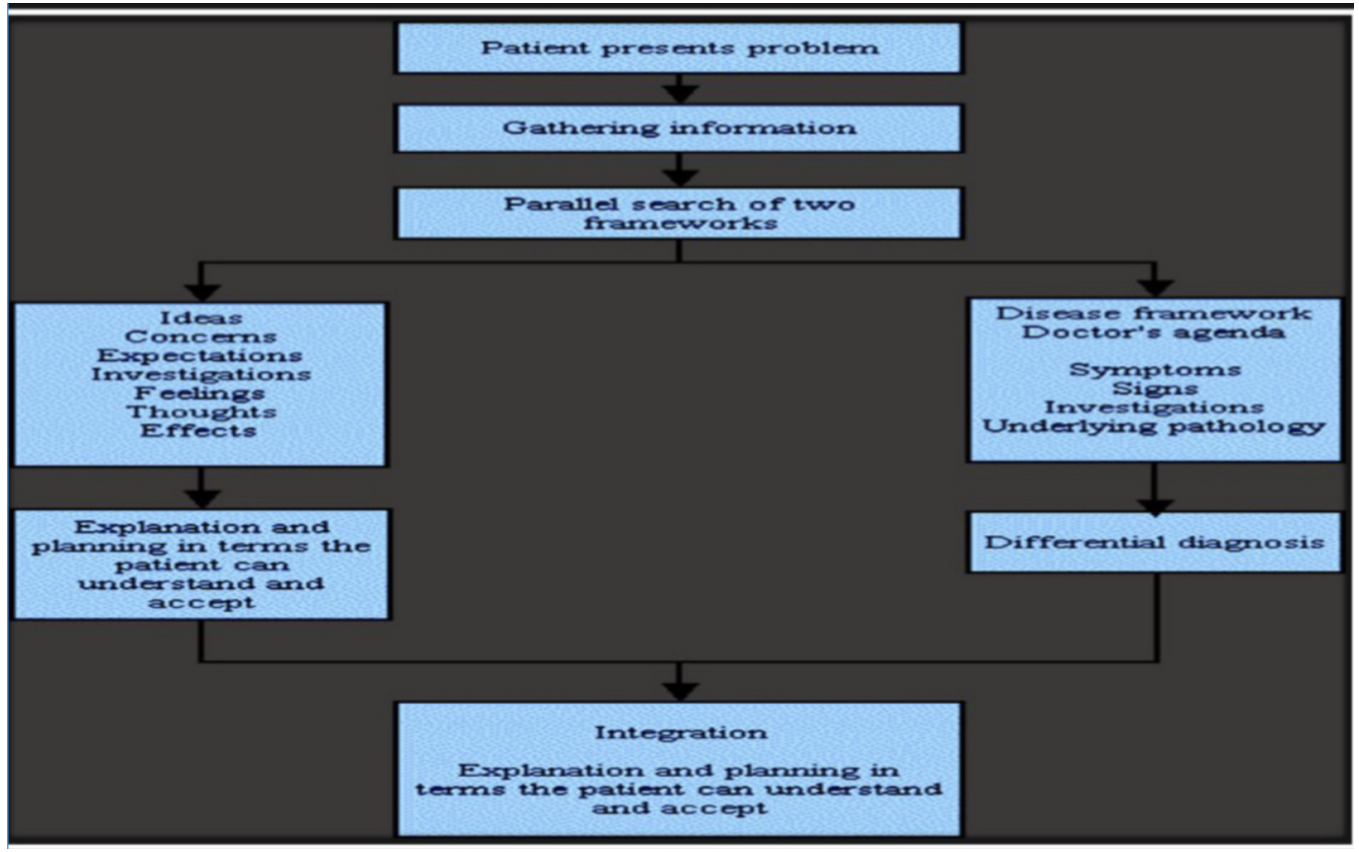
Planning Patient Management



The Principals Of Patient management

- Reaching a **shared understanding** of the problem with the patient
- **Negotiate** the management plan
- Give the patient the **responsibility** for the problem

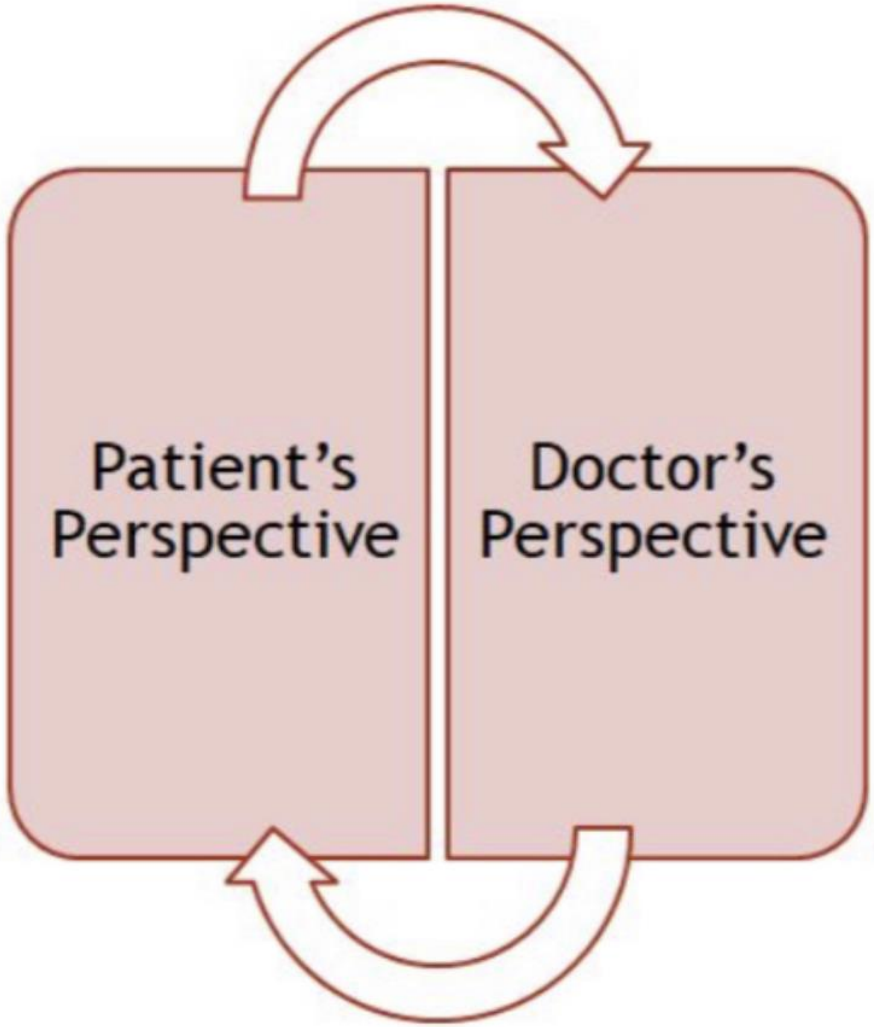
Shared Understanding of the Problem

To achieve a bilateral understanding of the problem you need to:

1) Identify the patient's ideas, concerns & expectations

2) Make the **"Triple diagnosis"**

Biological Social Psychological



Negotiate the management plan

- Negotiation is a two-way process between the **doctor** & the **patient** where the doctor objectively presents the options of the treatment to the patient.

- They also should explain what each prescribed treatment would involve; i.e. **risks & side effects** and Identify what the patient wants from their treatment (I.C.E).

Achieving "patient responsibility"

- The patient must be empowered and encouraged to decide upon a management plan which suits them the best. In this way, the patient can be given responsibility for their problem, or at least offered the opportunity.

- Some patients prefer that the doctor makes all the decisions unilaterally, you should try to fully involve the patient in their own care as this is crucial for legal matters.

- There are at least two people concerned in management: the doctor and the patient.

- There is evidence that the patient’s compliance with management plans is improved if the patient has been involved in the decision making.

The sequence of the management interview

- The use of this sequence should ensure identification of all patient's problems by the doctor, adequate patient understanding of his or her problems, an acceptable and appropriate treatment plan being defined for each problem, preventive opportunities being addressed, and the patient being satisfied with the consultation and being clear about follow-up arrangements.

1. **Tell the patient the diagnosis.**

2. **Establish the patient's knowledge of the diagnosis**

This information provides a clear-cut baseline of information from which to launch the management.

3. **Establish the patient's attitude to the diagnosis and management**

Unless this is done the doctor may already have begun to enter a conflicting relationship with the patient without knowing why and be unaware of underlying fears.

4. Educate the patient about diagnosis

a- correct any incorrect health beliefs recognised in point 2.

b- supplement the patient's existing knowledge to a level appropriate to the needs of the patient and the doctor.

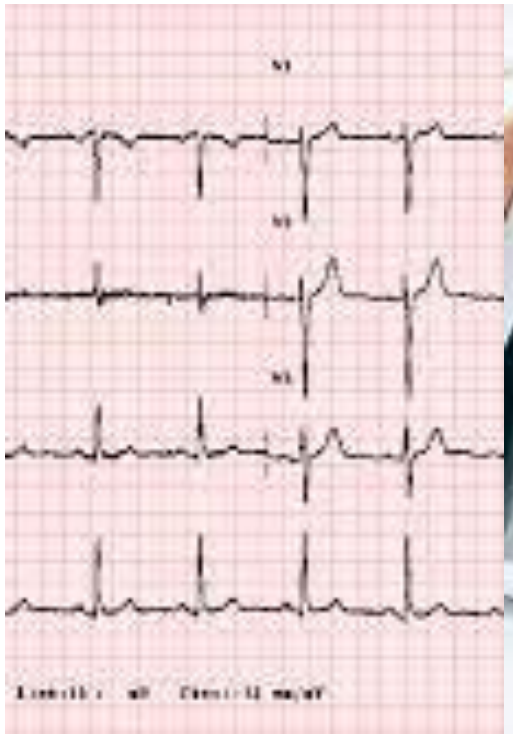
5. Develop a management plan for the presenting problem

a- Immediate.

b- Long term: for chronic, long-term or recurrent illnesses.

c- preventive.

The patient should be encouraged at this stage to participate in decision making regarding management and to make a commitment to the plans.



6. Explore other preventive opportunities

Immunization, screening status and advice about smoking and alcohol problems.

7. Reinforce the information

a- Use the patient’s own results.

b- Encourage the patient to participate in the decision making and in accepting some degree of responsibility for his or her own management.

8. Provide take away information

- Instruction leaflet and resource contact.

9. Evaluate the consultation

The doctor should encourage feedback regarding the patient’s reaction to the way the consultation has been conducted, and establish whether the objectives of both have been met and the patient is happy with the outcome.

10. Arrange follow-up

Shows patient response to management and enables the reinforcement and clarification of preventive measures and information given.

RAP-RIOP

- Reassurance & explanation
- Advice
- Prescription
- Referral
- Investigations
- Observation
- Prevention

Reassurance and/or explanation “R&E “

- First, **COMMUNICATION** skills and **TRUST** are necessary
- The need of reassurance may be the **main reason** for the patient presenting to the doctor.
- **Inappropriate reassurance** damage and **loss** of **trust**
- ALWAYS explain but Reassure WHEN APPROPRIATE

✓**Communication**

explaining the problem in terms that the patient understand is critical.

the doctor must take into account: **social** class , **ethnic** background, **education** and **intelligence**.

✓**Trust**

Reassurance carries more weight if there is a strong bond between the doctor and his patient.

Continuity of care and **repeated** consultation will leads to develop a relationship of mutual trust and respect between the doctor and the patient.

Advice

- Reasonable and applicable in the patient's circumstances and lifestyle.
- Together → 1. R&E 2. Advice are perhaps the most common forms of treatment needed.

Prescription

- The decision, whether to prescribe or not, must take into account **patient's expectation** and **autonomy**.

- The clinical aims of prescribing can be
  Therapeutic , Tactical , Both
  1- Therapeutic: Preventive / Curative / Symptomatic
  2- Tactical:
  - to gain time
  - to maintain contact with patient,
  - to relieve the doctor anxiety and as trial of treatment.

Don't prescribe when it doubt of your intended prescription.

Referral

To :

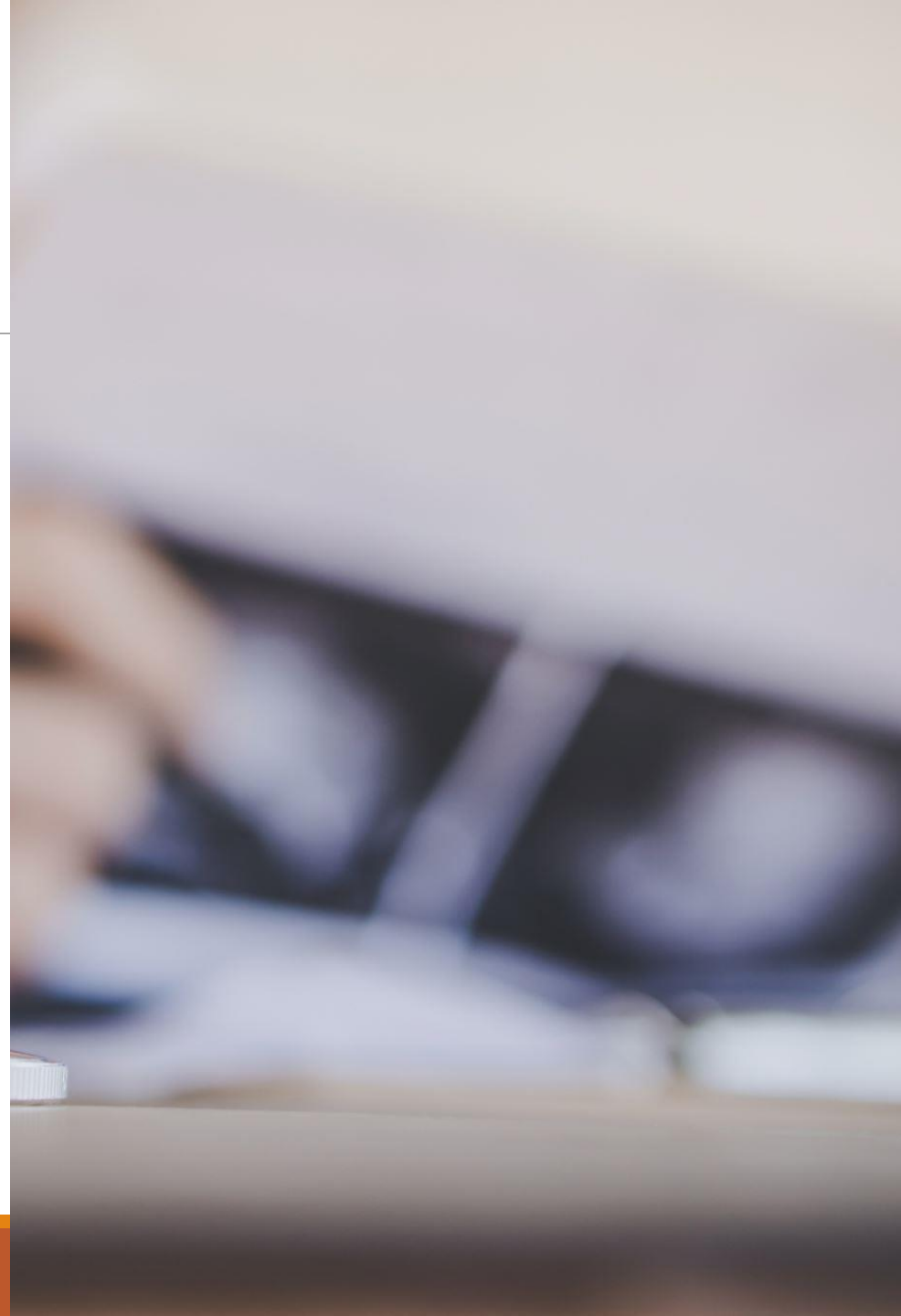
- ✓A specialist doctor, a senior colleague.
- ✓Other member of primary health care team.
- ✓Help agencies (elderly, alcoholic, drug abuse, etc.)
- ✓Hospital consultant as inpatient or outpatient

Why to refer a patient from a clinic to a hospital??

- ✓to obtain specialist treatment e.g. surgery or dialysis
- ✓to obtain specialist opinion on diagnosis or management of difficult problem.
- ✓when in need for certain tools/facilities e.g. endoscopy or physiotherapy
- ✓for a poorly compliant patient, for reinforcement of advice

Investigation

- **Why**
  - to **confirm** or to make more precise **diagnosis**
  - to **exclude** unlikely but important and treatable disease.
  - to **screen** asymptomatic patient
  - to **reassure** an anxious patient.
- Investigations should be considered in term of their **cost-benefit** and their **risks and** should be performed only when their results will directly assist in the diagnosis or have effect on subsequent management.
- Factors
  - 1. clinical findings (history and physical examination)
  - 2. doctor’s temperament and attitude
  - 3. doctor patient relationship
  - 4. organizational factors such as availability of services.



Observation (follow up)

- Follow up implies **continuing observation**, as encouraged by the doctor and agreed by the patient.
- Observation implies that the doctor can monitor a patient's **clinical progress** and take an appropriate action.
- Follow-up is an integral part of general practitioner's role and can apply on all 3 types of morbidity (minor & self limited \\ acute life-threatening condition) .
- For minor or self-limited conditions no formal follow up is required

- *Advise the patient to return if there is no improvement within a set period of time, or in case of worsening in his condition.*
  - Acute, major, life-threatening conditions such as MI require follow up after discharge.

Prevention

Screen + Modify risk factors ⇒ Health promotion

Thus, disease prevention

Leading to a decrease in population morbidity and death rate