

Clinical decision-making: for the next generation

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What do doctors need to know?

- How to identify pertinent clinical questions
- How to phrase clinical questions to assist searching
- Where to go to find answers
- How to interpret the evidence
- How to apply the evidence to a patient
- How to explain clinical risk to patients (AR/RR/positive predictive value etc)



hard messages for undergrads.

- Doctors cant know everything
- Point of care decision tools are already at our fingertips but underutilised; Clinical e-Guidelines, predigested evidence, online journals and texts etc etc.
- Drs really need to know when to access these and how to apply the evidence
- Intrinsic clinical tension in the time needed to look things up vs. to just get on with the job.
- Tension in the priority / legitimacy to keep up with medical science vs with search engines, data bases and interconnectivity tools.



The health infotech. gradient : all uphill from here?

Clinical IT solutions have flourished
Point of care decision support
Escalating clinician skills and
knowledge requirements
Mixed messages from previous medic
generations
Negative modelling from seniors



Major undergrad training quandary

Need familiarity with current connectivity to function now,

Also need skills and confidence to adjust to use new tools as systems change

Cant predicting the direction or rate of future change

Time investment to up-skill current clinicians

Requires proactive prioritisation, not just by enthusiastic users



I remember a time
when it was all so
much easier
– or was it?



Prior EBM teaching

- A module at WSMHS since 1998
- Used critically appraised topics (CATS)
- Used GATE – generic appraisal tool
- 1 paper per GATE, one GATE per CAT
- Perceived clinical disconnection
- “Time consuming paper task”
- Perennially unpopular.



2006 CDM course

- Signal in name change: Clinical Decision-Making
- Integrated into clinical runs
- Tutorials given when students need to know
- Value add to existing assignments/case write-ups
- Multiple paper appraisals encouraged
- Proformas such as GATE discouraged
- Learning now spread across all clinical years,
- Evaluation is looking up!



Appraisal results (1)

Question (Likert scale parameters, 1...5)	new course June 2005 cohort	2003 course median score	2002 course median score	2001 course median score
How much do you feel you have learned or accomplished in this course? (a great deal, 1...5 very little)	2.9	2.9	3.4	3.5
Did you improve your ability to solve real problems in this field? (yes greatly, 1...5 no not at all)	2.2	2.9	3.4	3.2
Did the tutor evaluate your work in a constructive and conscientious manner? (yes definitely, 1...5 definitely not)	1.7	2.7	2.8	(not asked)
Teaching methods used in this course seemed: (very well chosen, 1...5 poorly chosen)	2.7	3.5	4.0	(not asked)
Did your interest in this course increase or decrease as the course progressed? (greatly increased, 1...5 greatly decreased)	3.1	3.5	4.0	(not asked)



Appraisal results (2)

Question (Likert scale parameters, 1...5)	new course June 2005 cohort	2003 course median score	2002 course median score	2001 course median score
How difficult was the course material for you? (much too hard 1...5 much too easy)	3.1	2.9	2.8	(not asked)
How much work did this course require? (much too much, 1...5 much too little)	2.9	2.3	1.4	1.9
How much effort did you put into this course? (a great deal, 1...5 very little)	3.0	2.9	2.7	3.5
I sought help when I didn't understand the material (always, 1...5 never)	3.7	3.3	1.3	(not asked)



So the trends are??

Fewer extreme negative responses

Teaching methods and evaluation more appreciated

Students more confident in solving real problems

Does seeking less help mean more understanding?

Interest no longer “killed” by the course

- But one swallow does not make a summer..



What does this mean for Clinical Decision-Making?

- Course redesign has made content seem more relevant to students
- Workplace innovations should shape the course into the future
- Engagement and enthusiasm is important to drive life long enquiry
- What's in a name: EBM vs CDM?
- Ultimate success will lie in ease of uptake by our graduates of point-of-care decision tools.

