

Risk management competencies for doctors working in Hospitals

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Outline

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Risk management

A means of identifying, assessing, prioritizing and controlling risks across an organization, with a coordinated and cost-effective application of resources to minimize, monitor, and control the probability and/or impact of adverse events or to maximize the realization of opportunities.

Source: World Health Organization

Clinical risk management

An approach to improving quality in healthcare which places special emphasis in **identifying** circumstances which put patients at risk of harm, and then acting to **prevent** or **control** those risks



Source: Walshe & Sheldon, 2010

Risks facing professionals

- Reputational
- Medico-Legal
- Financial
- Criminal
- Social



Competence

Competence is a combination of knowledge, skills and attitudes which, applied to a particular situation lead to a given outcome

- They should be:
 - ✓ Measurable
 - ✓ Mapped to clinical indicators
 - ✓ Linked to performance

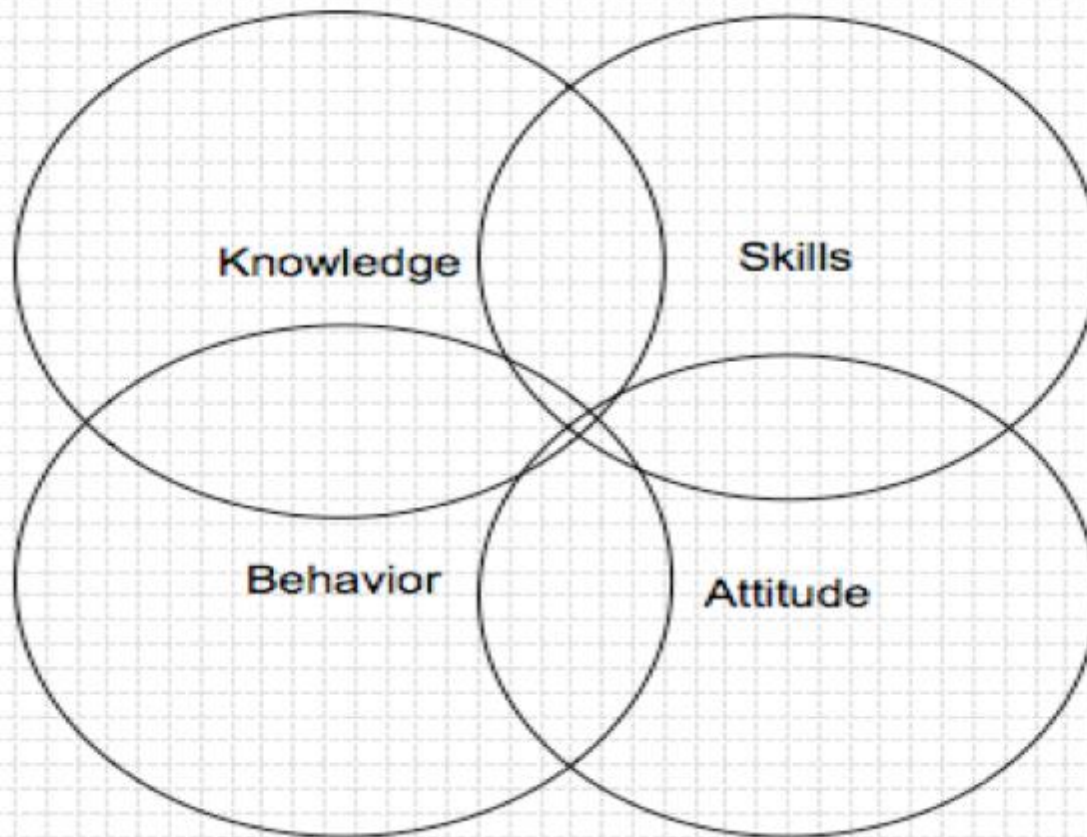
Competence....

The interplay between the practitioner and the clinical environment guided by three assumptions:

- Competencies are most relevant when they are defined in the **context** of a clinical environment
- Competence **varies** as the environment changes
- Results should be **assessed** and **predicted** within the specific clinical environment.

Ref: Arora, Ashrafian, Davis, Athanasiou, Darzi, & Sevdalis, 2010

Domains of competence



The research questions

1. What are the risk management competencies needed for medical practitioners working in South African hospitals within the knowledge, skills, attitude, and behaviour domains?
2. How do risk management competencies rank by importance per domain?
3. What are the proficiency levels as perceived at the hospitals?
4. What is the extend of risk management training in SA?

Methods

- **Phase 1**

Qualitative research - literature review and in-depth semi-structured interviews with medical experts (53 competencies)

- **Phase 2**

Quantitative Cross-sectional survey (n=90) using 5-point Likert scale

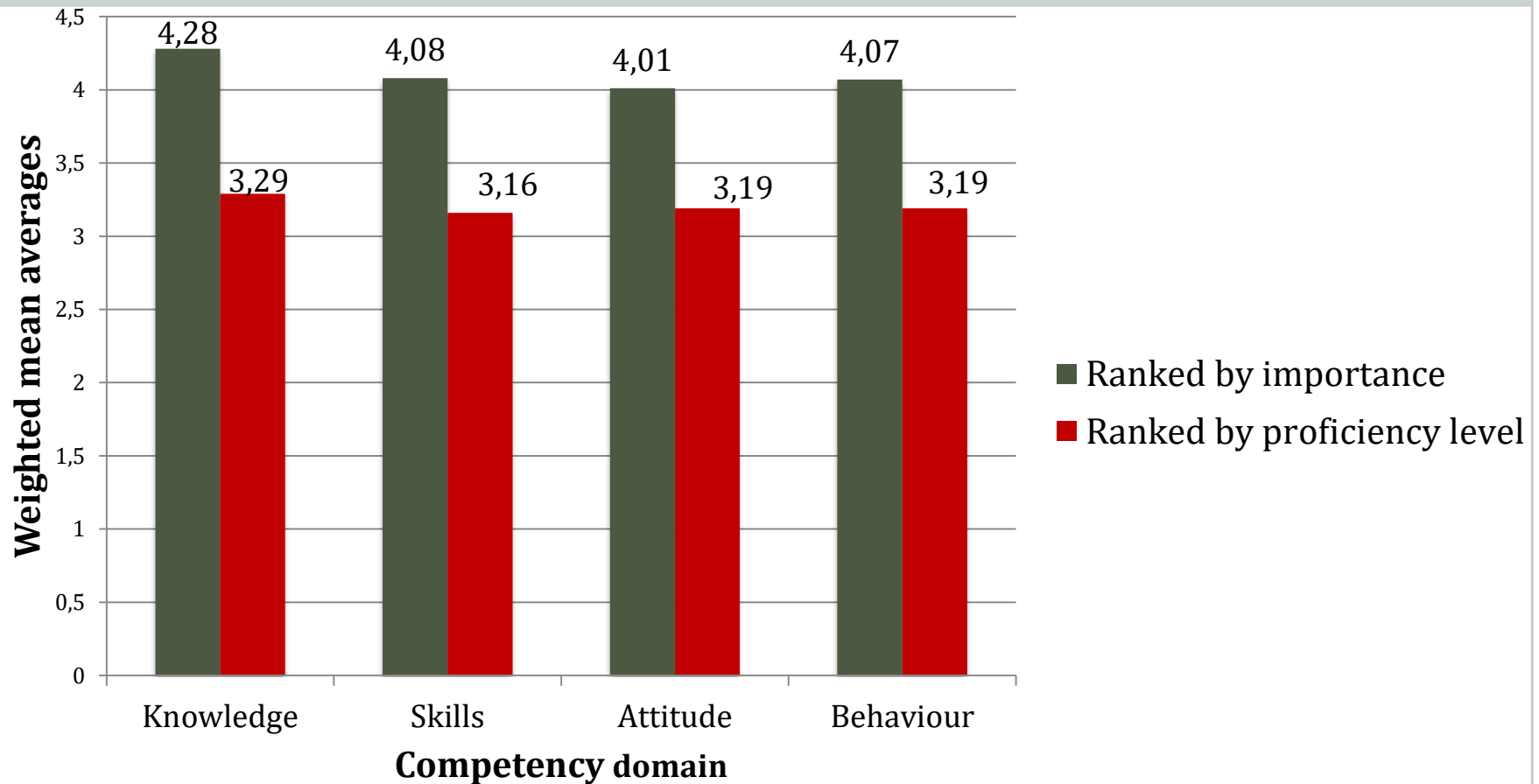
- 4 hospitals (private and public)

- Practitioners (33) Nurses (39) Managers (18)

Top 5 competencies per domain

Knowledge	Skills	Attitude	Behaviour
1. Medical knowledge	1. Communication	1. Patient-centeredness	1. Understand the role played by
2. HPCSA Professional code of conduct and ethics	2. Clinical competence	2. Respect for others	other co-workers
3. Legal framework	3. Cross-cultural competence	3. Fallibility	2. Active listening to patients
4. Patient's rights	4. Emotional intelligence	4. Ubuntu	3. Professional humility
5. Patient safety	5. Team work	5. Holistic approach to patient care	4. Integrity
			5. Partnering with patients in their care

Weighted mean averages by importance vs. by proficiency level



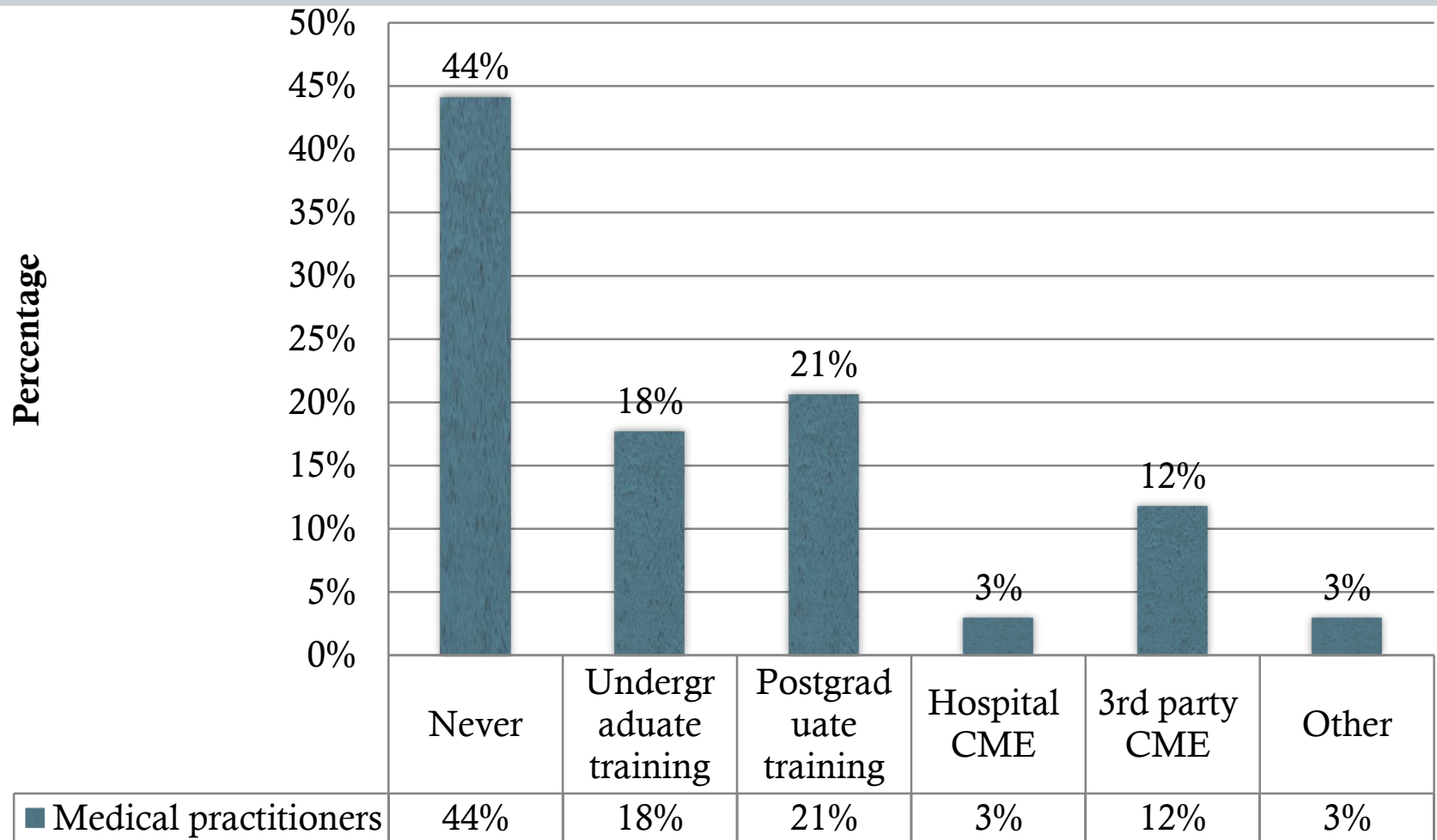
Top 3 proficiency levels per domain rated by Drs

Knowledge	Skills	Attitude	Behaviour
<ol style="list-style-type: none">1. Medical knowledge2. The role and importance of other co-workers (clinical and non-clinical)3. Professionalism	<ol style="list-style-type: none">1. Clinical skills2. Informed consent3. Patient education	<ol style="list-style-type: none">1. Compassion2. Respect for others Drs3. Fallibility	<ol style="list-style-type: none">1. Protecting patient's rights2. Dedication3. Assertiveness

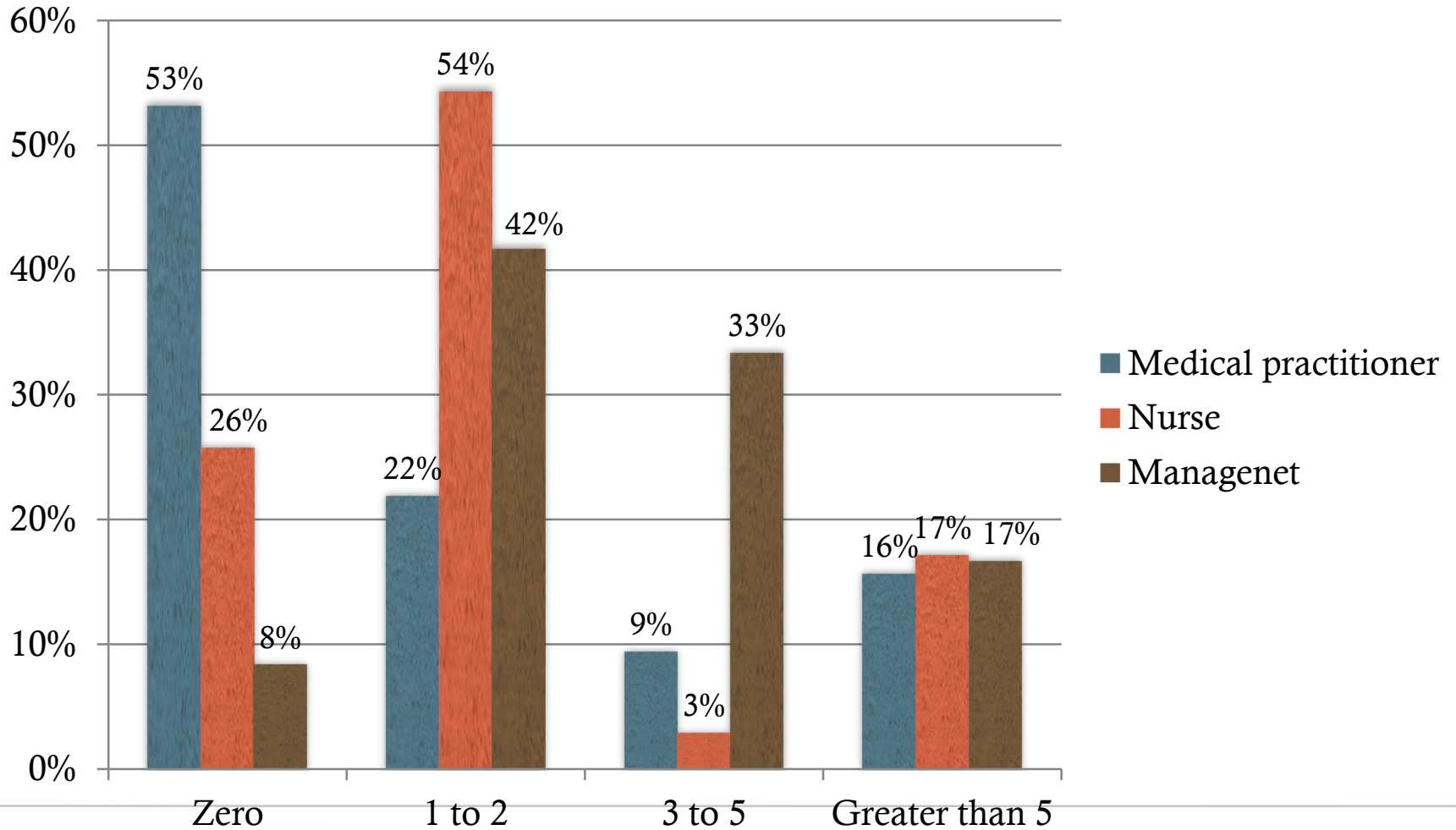
Bottom 3 proficiency levels per domain by nurses

Knowledge	Skills	Attitude	Behaviour
<ol style="list-style-type: none">1. Professionalism2. Health worker rights3. Hospital system weaknesses that might lead to lawsuits	<ol style="list-style-type: none">1. Problem solving2. Use of language understood by patients3. Cross-cultural competence	<ol style="list-style-type: none">1. Dedication2. Assertiveness3. Respect for patients and families	<ol style="list-style-type: none">1. Not taking others inputs2. Respect for other health workers3. Active listening to patients

Risk management training



Compromised patient rights



Qualitative comments - nurses

- Have time for patients and respect the nursing staff. Compassion is important in the profession, teamwork and not being mean towards nurses. Have time for patients and respect nursing staff.
- Doctors are not committed. They do their work to finish, not to identify problems and get the patient better.
- Doctors don't respond when called.
- They should treat both white and black patients the same
- Complaints management and quality management questionnaires should be designed for doctors.



Qualitative comments - management

- If the doctors and nurses could talk the same language when it comes to risk management and patient safety, most risks can be avoided.
- Emotional and spiritual intelligence to be introduced to the undergraduates from first year.
- Better ethics knowledge is required. The conduct is very poor. Respect for families and patients is very poor. Teamwork must be taught.

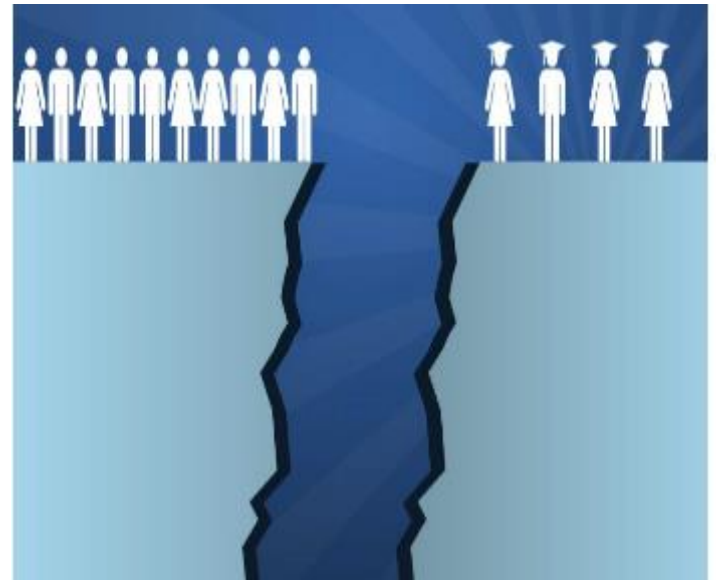
Qualitative comments - doctors

- Drs are only taught medical / clinical skills in university and not the human interaction / behaviour. This should be taught at university level
- In our hospital we try the best to do what we can with the available resources
- Drs require education and training throughout their career. It is easy to weed out bad habits when education starts early.
- Drs need to be more proactive and take time to talk to their patients and listen to them
- There are also good doctors and bad doctors T
- The faults lie with the younger generation doctors.



Clinical practice: A combination of science and art

- Mismatch between academic qualifications and workplace requirements
- Focus on clinical skills and knowledge transfer
- Less focus on soft skills
- Promotion of individual excellence



Conclusions

- Review the relevance of the curriculum
- Review data from HPCSA, Department of Health's database (complaints and medico-legal) register to include info from risk insurers – to inform curriculum
- CME driven by the needs of the professionals
- Elevate the importance of soft skills training
- Review the performance management system

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