Clinical Decision-Making
"Thinking What You Do"

Second Year Course
2/3-3/31/88

Course Director: David Gary Smith, M.D.
Coordinator: Cheryl Cochrane
Telephone Number: 221-3668
I. INTRODUCTION

Clinical Decision-Making (CDM) is the process which pervades the practice of medicine; yet until recently, CDM has received little research or educational attention. The abilities to gather, evaluate, and prioritize the available clinical data and form an effective therapeutic relationship are essential for any clinician, especially considering the present costs and risks of diagnostic and therapeutic interventions. This course is meant to be an introduction to the field of Clinical Decision-Making. The goals are simple and relate to the fields which make up the substance of this course: Clinical Epidemiology, Ethics, Economics and Law (with a sprinkling of humanities).

This course will not be an exhaustive summary of these areas because that would be an impossible task. However, the relevant principles from each of the above fields will be developed in an integrated fashion using a simple case.

In the admittedly brief first year portion of the course, we explored some issues in medical ethics as they impact on the practice of medicine. In this next installment of the second year, we will explore some epidemiologic and legal issues in addition to the ethical components of clinical decision-making. The focal point of the course will be the case of Ms. S (see attachment) who represents a typical clinical challenge although the outcome of this case, as you will see, is not so typical and it is this outcome which will guide us through an in-depth analysis of the events that transpire between the hypothetical physician (David G. Smith) and the theoretical patient (Ms. S).

The first session will explore the relevant medical and psychosocial issues in the case. A 30 minute online computer demonstration will follow this session to help identify the pertinent literature (which is provided for you in the syllabus) which deals with the questions raised in the case. The next session will involve a lecture by Dr. Rancal Cebul from the University of Pennsylvania who will develop the basic premises of decision analysis using the Case of Ms. S. Although we do not expect you to become full fledged quantitative decision analysts, the qualitative nature of the cost/risk-benefit analysis is an important heuristic for you as you go into your clinical years. This session will be followed by a workshop discussion of the literature provided for you.

The third session will focus on the ethical and legal
V. Course Requirements

1. Attending the workshop sessions
2. Presenting the student projects on 3/31
3. Completing the course evaluation

The most important take home point from this course is that clinical practice requires moral reflection. The past decade in medical ethics has produced a body of relevant thinking and literature on the common problems faced by clinicians while caring for their patients. As future doctors, you need to appreciate the relevance of this work and how to translate it into your everyday lives. Our hope is that the clinician workshop leaders will provide good practical examples of this moral process.
III. Schedule

Date       Time     Place    Topic                  Discussants
2/3        10-12     Kresge A  Ethical Components of Clinical Decisions
                  10-12     Kresge A  Ethical Sensitivities in Patient Care: Several Dimensions of Pain
                  10-12     Modules   Case Discussions in workshops
                  10-12     Kresge A  Hearing and Seeing Mr. G: The Ethics Committee
                  10-12     Modules   Ethical Analysis of the Student Projects

IV. Reading Material

Session   2/3
          Articles

2/10
No Reading

2/17
1) Two Case Studies

3/17
3) Anthropodicy-man afoot. (To be distributed later)
4) The Case of Mr. G- A Demand to Die
CLINICAL DECISION-MAKING
"Thinking what You Do"

I. Introduction

Clinical Decision-Making (CDM) is the process which pervades the practice of medicine; yet until recently, CDM has received little research or educational attention. The abilities to gather, evaluate, and prioritize the available clinical data and form an effective therapeutic relationship are essential for any clinician, especially considering the present costs and risks of diagnostic and therapeutic interventions. This course is meant to be an introduction to the field of Clinical Decision-Making. The goals are simple and relate to the fields which make up the substance of this course: Clinical Epidemiology, Ethics, Economics and Law (with a sprinkling of humanities).

This course will not be an exhaustive summary of these areas because that would be an impossible task. However, the relevant principles from each of the above fields will be developed in an integrated fashion using clinical cases. Since we have four years together on clinical decision-making, the course will evolve in complexity commensurate with your clinical experience. The first year course will deal mainly with the ethical dimensions of clinical practice. In the second year, epidemiology, cost-benefit analysis, and the law will enter into the course. Finally, in the fourth year, we will use your actual clinical experience to continue our dialogue on the relevant principles from the above fields.

II. Overall Objectives of the First Year Course

1. Understand the moral nature of the physician-patient relationship;
2. Develop a framework to discuss and solve ethical problems as they arise in the clinical encounter;
3. Appreciate the central role of the patient in all clinical decisions;
4. Identify the practical problems in applying concepts such as informed consent, patient autonomy, beneficence, and individual rights in the practice of clinical medicine.
Clinical Decision-Making
"Thinking What You Do"

First Year Course
2/3-3/31/86

Course Director: David Gary Smith M.D.
Coordinator: Cheryi Cochran
Telephone Number: 221-3668

Temple University
School of Medicine
General Internal Medicine
Philadelphia, Pa 19104
III. Requirements

The following requirements are unfortunately necessary:

1) Attending the workshops and the mock court trial
2) Completing the workshop assignments
3) Completion of the pre-course and post-course examination
4) Completion of the course evaluation

The reason for the required attendance is that the workshop leaders and the faculty and staff involved in the mock court trial have voluntarily provided their services. To a large extent, their involvement is predicated on your involvement. Last year, we required extra assignments of the students who missed the workshops. The understandable criticism of the students was that such Gestapo tactics should not be necessary. For this year's course, we will have the same attendance requirement but will expect you to attend without threat of punishment. Your cooperation will be appreciated.

V. Reading Material

The reading material will be provided as xerox copies of the relevant articles (hopefully not in violation of any copyright laws). The required reading will be:

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<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Reading Material</th>
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<tbody>
<tr>
<td>1</td>
<td>1-3</td>
<td>1) Sackett, D., et al., Chap 12, How to Read a Clinical Journal, Clinical Epidemiology, Little, Brown, Boston, Ma., 1985</td>
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<tr>
<td>2-3</td>
<td></td>
<td>Natural History:</td>
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<td>Diagnosis:</td>
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<td>Therapeutic Efficacy:</td>
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aspects of the case and will prepare you for both the workshop discussions which will follow immediately and the moot court trial which will occur on 3/24/88. The trial will be a demonstration of the basic workings of the judicial system and will involve a judge, third year law students, a jury and expert witnesses. The jury will be selected from your class and I would like at least four volunteers to work with Professor Frank McClellan and the law students in developing the legal strategies to try the physician for malpractice.

The last session will involve an examination which will test you on the knowledge and skills required in clinical decision-making. The examination will be graded by you (yes, you read it correctly) with the idea that this will maximize the benefits of the discussion during the second part of that session.

We want to make every effort to provide a conducive learning environment for you and for us; if there are any problems, please feel free to contact me at any time to discuss possible solutions. We also welcome any suggestions on improvement during and after the course. Remember, your input will help subsequent classes and may improve the next installment of the course in your fourth year.

II. Objectives of the Second Year Course

The student should be able to:

1) Identify and read the clinical literature relevant to patient care;
2) Understand and utilize the pertinent scientific criteria necessary to assess the validity of clinical research on natural history/prognosis, diagnostic evaluation and therapeutic efficacy;
3) Frame clinical decisions in a cost-benefit framework which identifies all important parts of the problem and the likely outcomes of any proposed intervention;
4) Appreciate the central role of the patient in all decisions, and the need for clinicians to understand the personal experience of the person who is ill as well as the impact of illness on the patient's ability to consider medical recommendations;
5) Examine the impact of one's personal values on the physician-patient relationship;
6) Recognize the inherently unique nature of each clinical encounter and the need for a creative approach to each patient if the ends of medicine (i.e., patient well-being) are to be accomplished;

If you are able to meet these objectives in any given clinical context, then you may be competent enough to serve your patients. If you cannot, then you may well be one of the reasons why many malpractice lawyers enjoy a pleasant lifestyle.
Etiology:

Cost-Benefit:
1) Durack, D., Current Issues in Prevention of Infective Endocarditis, AJM: 1985; 78: Suppl. 6B: 149-156.
2) Bor, D., et.al., Endocarditis Prophylaxis for Patients with MVP, AJM: 1984; 76: 711-717.

Case of Ms. S.

12/4/85

Ms. S. presents for a routine complete history and physical examination. She is a 29 year old white female with no chief complaints. She is married with two healthy children and is currently employed as a dancer in a local ballet company. Her husband is a lawyer in a private law firm which deals with plaintiff suits in malpractice cases.

Allergies: None and she has taken penicillin without problems.

Physical Examination revealed a healthy woman with the only abnormality being a mid-systolic click followed by a Gr. II/VI late systolic murmur heard over the apex of the heart. On standing, the click moved toward S1 and the curation of the murmur increased.

Overall impression was that of a healthy woman whose only obvious medical problem was that of the heart murmur.

Problem
1) Heart murmur - consistent with Mitral Valve Prolapse

Plan
1) An echocardiogram was ordered and the patient was scheduled for a return visit on 12/11/85.

12/11/85

Ms. S returned to the office after having had an echocardiogram. The test confirmed the original impression of Mitral Valve Prolapse. The patient was quite alarmed at the suggestion that something might be wrong with her heart. You reassure that she will be fine.

12/18/85

Mr. S calls to complain that Ms. S was so concerned about her heart problem that she quit her ballet career despite the fact that she had just gotten a prominent part in her company's next program. Your call to Ms. S assures her that no harm will come from continuing her dance career.

1/2/86

Ms. S's Dentist called concerning the need to provide antibiotics prior to his examination and treatment. After carefully weighing the risks and benefits of pre-cemental antibiotics, you recommend to the dentist that she does not need any treatment. Part of your reasoning is that the risks of endocarditis are low and that there may be more harm from treatment. An additional concern is
that recommendations for treatment will cause Ms. S undue alarm.

2/4/86

You get a call from the pathologist at another hospital concerning the recent death of Ms. S. The autopsy showed marked vegetation on the mitral valve with diffuse cerebral embolism. The cause of death is probably bacterial endocarditis presumably related to the underlying mitral valve abnormality (i.e., Mitral Valve Prolapse) and the recent unprotected dental manipulation.

After the shock of hearing the above news, you call Mr. S to discuss the circumstances surrounding Ms. S' death.
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<th>Topic</th>
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<td>Introduction: Analysis of the Case of Ms. S</td>
<td>B. Denenberg M.D.</td>
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<td>3-4</td>
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<td>Online Searching: The Case of Ms. S</td>
<td>David G. Smith M.D.</td>
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<td>1-2</td>
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<td>Risk/Benefit Analyses of Clinical Decisions</td>
<td>Randall Cebul M.D.</td>
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<td>Workshop 1 Discussions in Modules</td>
<td>Discussion Leader:</td>
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<td>1-2</td>
<td>3/5</td>
<td>3/19</td>
<td>Legal and Ethical Components of Medical Practice</td>
<td>Frank McClellan J.D.</td>
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<td>Workshop 2 Discussion in Modules</td>
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<td>David G. Smith M.D.</td>
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<td>4</td>
<td>1-3</td>
<td>3/24</td>
<td>3/24</td>
<td>Moot Court Trial</td>
<td>N.B. Takes place in Faculty Student Union Bldg., 4th Floor Auditorium followed by refreshments</td>
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<td>5</td>
<td>1-2</td>
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<td>Examination in Workshop modules</td>
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<td>Group Grading of Examination with workshop Leaders</td>
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All sessions will take place in Kresge B except for the workshop discussions which will occur in the modules (to be announced), the moot court trial will take place in the fourth floor auditorium in the Faculty Student Union building, and the online search demonstration will take place in Kresge A because of the videoprojection requirements.
Clinical Decision Making
"Thinking What You Do"
4th Year
1986

Course Director—David Gary Smith M.D.
Course Administrator—Stayce Wilson
Greetings. Your next installment of clinical decision making will take place over the next three weeks. During that period, we would like to provide you with an opportunity to reflect on and discuss some of the important clinical issues which impact on the clinical decision maker. The format of this installment will be a series of three seminars and two small group workshops. The seminars will deal with current topics in ethics, law and epidemiology. Specific reading material will be provided for you. The two workshops will deal with a case developed by you. The success of this effort will depend on our ability to flesh out the critical frameworks from clinical epidemiology, law, ethics and economics and to apply them to the cases which you have identified. There will be no lectures or examinations. The criteria for fulfilling the requirements of this course are:

1) Attendance at the seminars and workshops
2) Completing your case projects (discussed below)
   and
3) Evaluation of this installment of the course.

Any questions or problems should be discussed with David Gary Smith or Stayce Wilson at 221-23668.

Case Projects

As a result of feedback from last year's senior class, we are requiring that you, in groups of 4-6 students, complete a case project. I have placed several examples of last year's senior projects on reserve in the library. In addition, two of the case projects were published in an abridged form in the spring 1986 issue of Temple MD. I will again submit 10 of the best senior projects from your year to the editor of Temple MD and she will select two for publication.

The focus of the case project is a specific case (real or hypothetical) in which the clinician is confronted with a decision. Some clinical examples are:

1) A patient presents with metastatic adenocarcinoma and an unknown primary. Should you do an exhaustive diagnostic work-up?
2) A patient with a history of schizophrenia presents with an end stage cardiomyopathy. Should you consider a heart transplantation?
3) A patient with mitral valve prolapse. Should you use pre-dental antibiotics? (I hear the groans)
4) A long term patient and friend with disabling cerebral palsy wants you to end her life. Should you perform active euthanasia?
The format of the case project is:

1) Case Presentation - 1-2 pages
2) Literature Review - 4 xeroxed articles
   - primary data articles (i.e. not review articles) which deal with the clinical question in the case.
3) Summary of the above articles - 2 pages
   - a succinct summary of the pertinent articles and how the data impact on the above decision.
4) Case Analysis - 4 pages
   - an in depth ethical, legal or economic analysis of the problem in your case. Please note the or in this statement.

You should work in groups of 4-6 students. The final report must be typewritten and submitted by 6/27/86.

Please submit the names of your group to me by 6/7/86 so that I can assign your group to workshop modules on 6/12 and 6/25/86. In addition, if you give me the nature of your case, I will try to assign workshop leaders most appropriate for your project.

Workshops

There are two workshops. Both will deal with the case project. The first workshop on 6/12/86 will be to present your case (approximately 15 minutes) to your workshop group and leader. The ensuing discussion will hopefully allow you to identify better the nature of the question you will be developing in your case projects. The second workshop on 6/25/86 will be to present your formal case projects (approximately 30 minutes) to your groups for discussion. Please come prepared for both sessions.

Seminars

There will be three seminars which will deal with specific issues from ethics, law and clinical epidemiology. Some of the outside discussants are well known to you e.g. Professors Raines and McCiellan from our departments of Religion and Law. In addition, Ms. Phyllis Taylor is a nurse at Philadelphia College of Osteopathic Medicine who is a specialist in death and dying and is on that institution’s ethics committee. Mr. James Munday is a past president of the Pennsylvania Trial Lawyers Association and was involved in the recent joint venture between that organization and the Pennsylvania Medical Society in an attempt to evaluate the current malpractice crisis. Dr Jerry Zaslows is both a surgeon and lawyer who is past president of the Philadelphia Medical Society. All of the discussants bring an impressive expertise in their areas and I know they will provide a provocative and illuminating discussion of the topics.
Clinical Decision Making
"Thinking What You Do"
4th year-1986

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<td>Kresge A</td>
<td>Ethics Committee: The Case of E. Bouvia</td>
<td>Phyllis Taylor R.N.</td>
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<td>John Raines Ph.D.</td>
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<td>David Gary Smith M.</td>
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<td>2</td>
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<td>Modules*</td>
<td>Case Presentation</td>
<td>Workshop Leaders</td>
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<td>3</td>
<td>6/16</td>
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<td>Kresge A</td>
<td>Malpractice: The Problem and Solutions</td>
<td>James Munday J.D.</td>
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<td>Jerry Zaslow M.D., J</td>
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<td>4</td>
<td>6/19</td>
<td>1-3</td>
<td>Kresge A</td>
<td>Epidemiology: Do Estrogens Cause Heart Disease?</td>
<td>Bob Swenson M.D.</td>
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<td>Gene Sobel Ph.D.</td>
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<td>David Gary Smith M.</td>
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<td>5</td>
<td>6/23</td>
<td>1-3</td>
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<td>Independent time to work on case projects.</td>
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<tr>
<td>6</td>
<td>6/25</td>
<td>1-3</td>
<td>Modules*</td>
<td>Case Discussions</td>
<td>Workshop Leaders</td>
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*See workshop module assignments. Please remember to turn in the names of the students in your group so that I can assign you to the workshops modules.