


# CLINICAL REASONING AND JUDGEMENT

Dr Mahmood, Consultant Geriatrician,  
Doncaster Royal Infirmary

Charlotte Hayes


# SCOPE OF TALK

- ▶ How do we define clinical judgement
  - ▶ Attributes of clinical Judgement
  - ▶ Process of clinical Judgement
  - ▶ Applying clinical judgement to case presentation
- 
- A series of three parallel white diagonal lines extending from the bottom right corner towards the center of the slide.

# HOW DO WE DEFINE CLINICAL JUDGEMENT

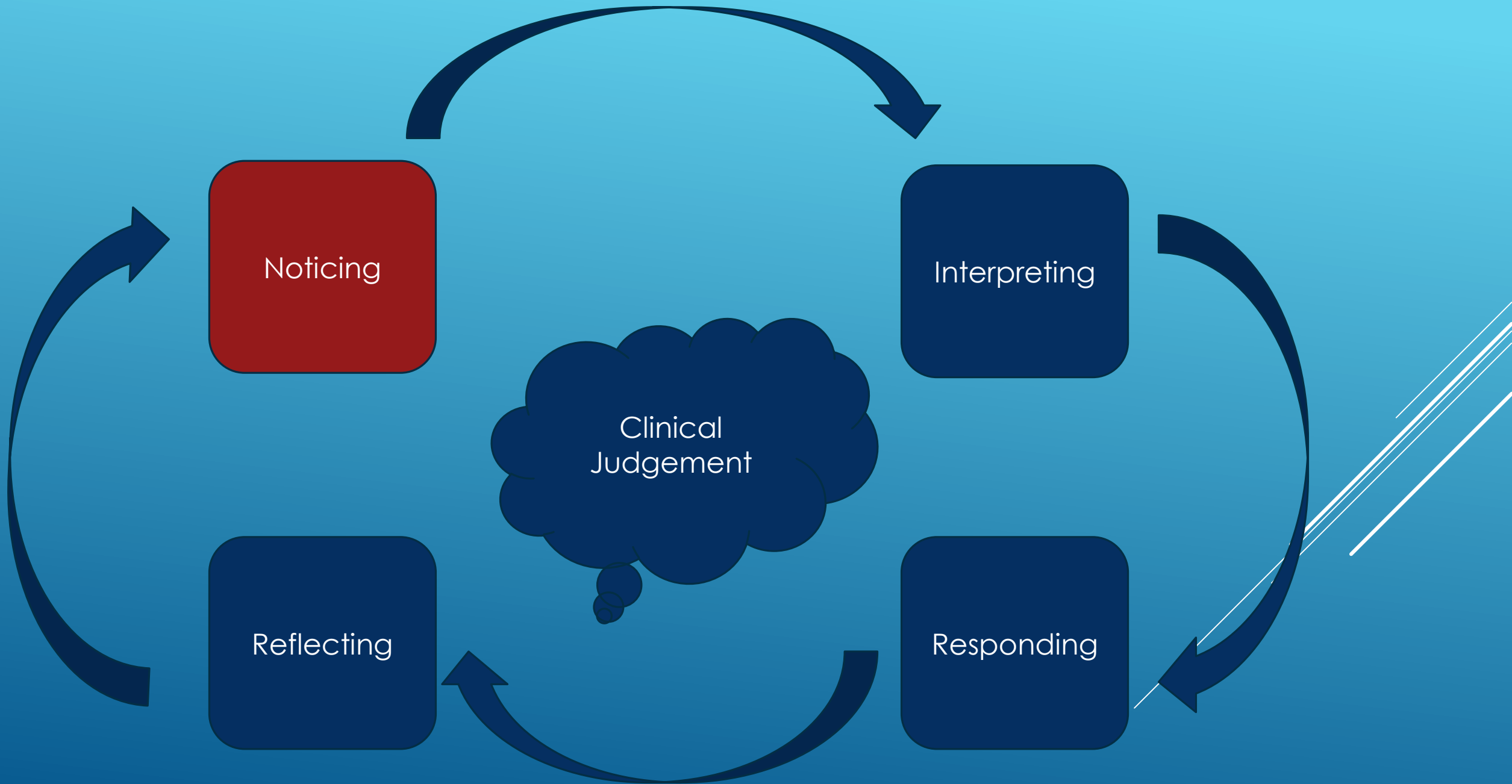
- ▶ An interpretation or conclusion about patient's clinical situation, making decision to manage existing treatment plan or to offer new investigations or management plan with a view of obtaining better response

# ATTRIBUTES OF CLINICAL JUDGEMENT


- ▶ Holistic overview of patient's ongoing treatment
  - ▶ Identifying background co-morbidities
  - ▶ Any other available information which can impact on current treatment or future outcomes
  - ▶ Identifying the patient's unique situation
    - ▶ Not always a text book presentation so clinical judgement should be based on available reasoning and resources
- 
- A series of three parallel white diagonal lines are positioned in the bottom right corner of the slide, extending from the middle of the right edge towards the bottom left.

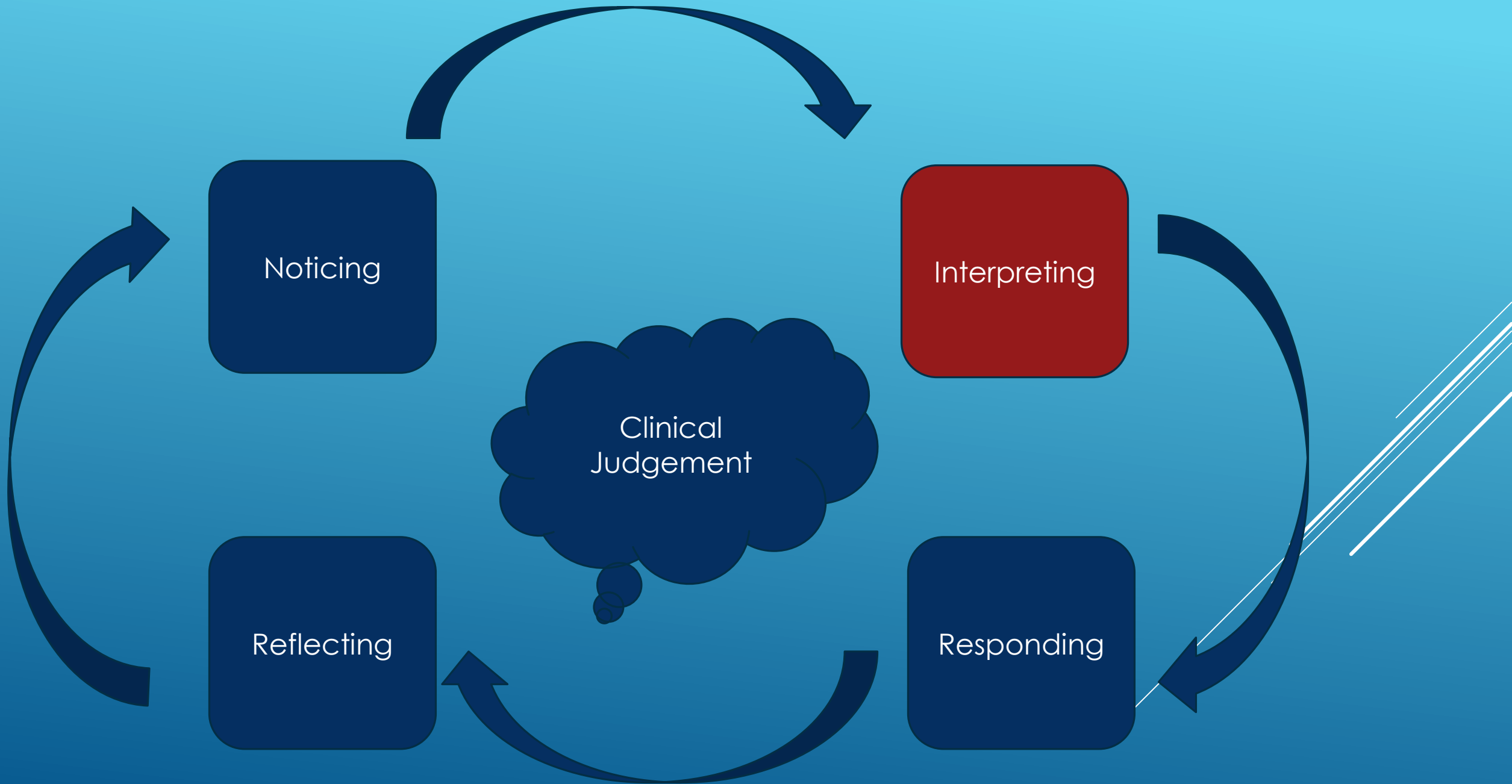
# PROCESS






# NOTICING

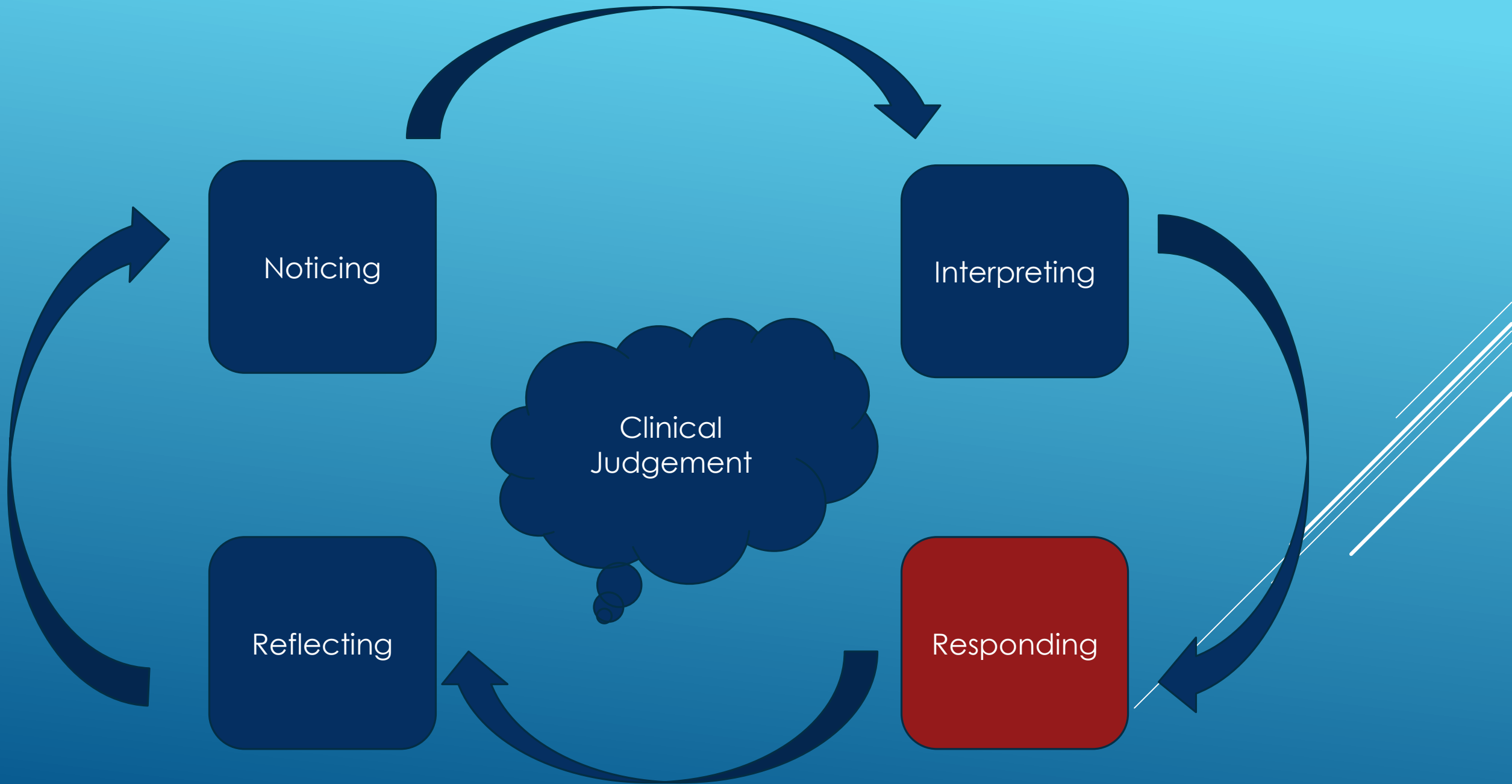
- ▶ Thorough patient review
  - ▶ Existing treatment plan
    - ▶ Despite existing treatment plan then poor response to clinical condition
- 
- A series of three parallel white diagonal lines extending from the bottom right towards the top right of the slide.






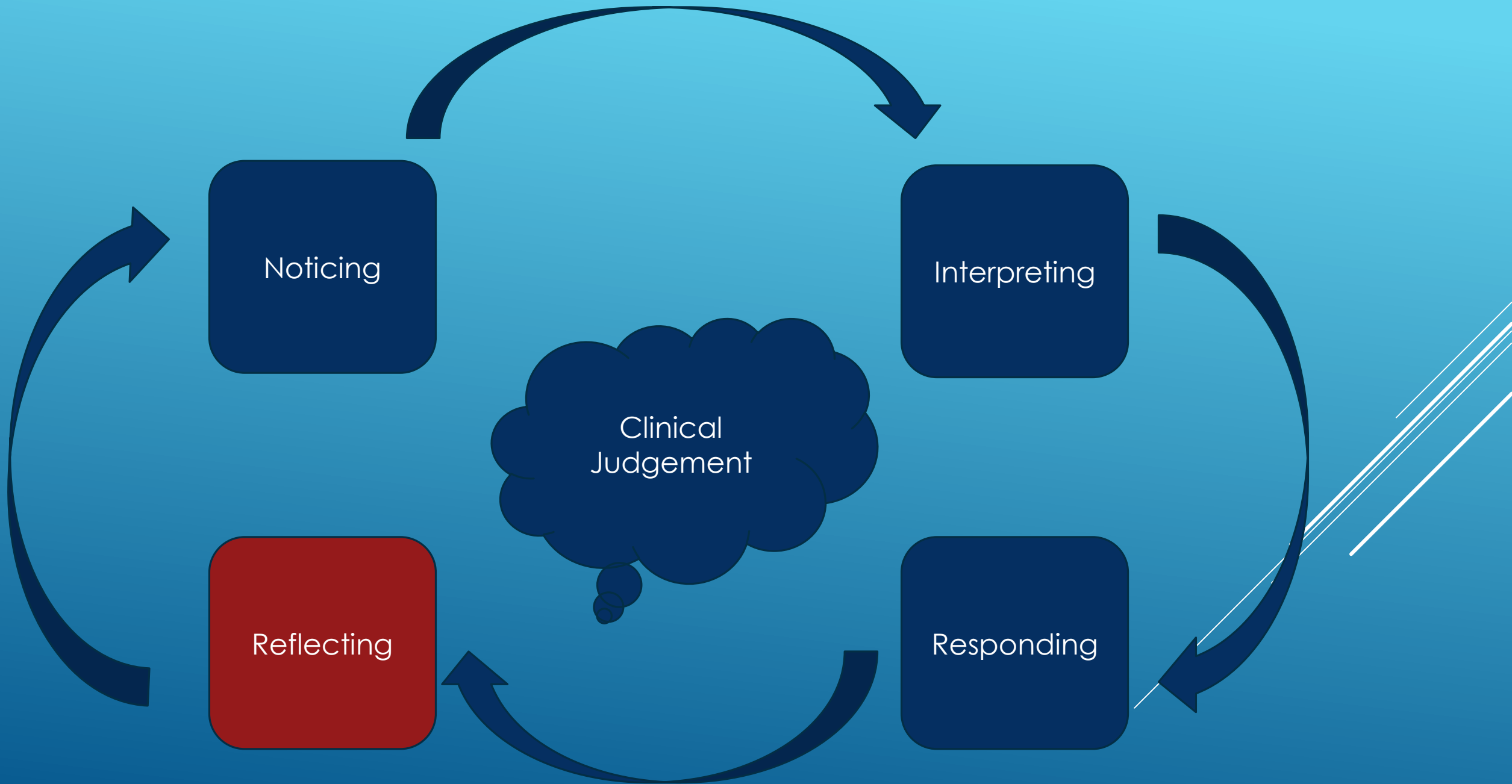
# INTERPRETING

- ▶ Assembling available information from ongoing treatment plan and available investigations
  - ▶ Every healthcare professional will have different view of clinical scenario depending on patient's clinical state at time of assessment (situational judgement)
- 
- A series of white diagonal lines of varying lengths and thicknesses are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.




# RESPONDING

- ▶ To implement action and interventions
  - ▶ To draw up a new management plan
  - ▶ To gather more collateral information
- 
- A series of several parallel white diagonal lines of varying lengths, located in the bottom right corner of the slide, extending from the right edge towards the center.



# REFLECTING

- ▶ Once clinical situation changes or improves then reflect on outcomes
  - ▶ Reflection in action – how is the process is going?
  - ▶ Reflection on action – once process is complete
- 
- A series of three parallel white diagonal lines in the bottom right corner of the slide, extending from the bottom edge towards the right edge.


# CASE PRESENTATION

- ▶ 84 year old female
- ▶ Acute ED presentation with confusion and generally unwell
- ▶ Reduced oral intake, loose stools and generalised lethargy
- ▶ Background
  - ▶ Lung cancer (stable disease with immunotherapy, reviewed by oncologist 3 months prior to presentation)
  - ▶ DM2
  - ▶ previous intracranial haemorrhage with seizure activity

# CASE PRESENTATION


- ▶ Initial clinical assessment
  - ▶ Reduced GCS <10, systemic examination unremarkable
  - ▶ Biochemically unremarkable apart from Adjusted calcium of 2.72
  - ▶ CT brain NAD
- ▶ Initial treatment
  - ▶ Treated as UTI causing delirium

# CASE PRESENTATION

- ▶ Despite initial treatment, remained generally unwell with reduced GCS, no real improvement of clinical status
  - ▶ Treated as encephalitis with aciclovir
  - ▶ On transfer to ward from admission unit then patient reassessed by another clinician
  - ▶ Overview of investigations and management plan carried out
- 
- Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.



# CASE PRESENTATION

- ▶ Realising no improvement of clinical status on ongoing management plan, further investigations were requested
  - ▶ Calcium improved with use of IV bisphosphonate and IV fluids
  - ▶ MRI head with contrast to evaluate further CNS pathology leading to low GCS
  - ▶ CT TAP to reassess disease process
- 
- A series of three parallel white diagonal lines extending from the bottom right towards the top right of the slide.


# CASE PRESENTATION

- ▶ CT TAP with contrast
  - ▶ 1. Extensive new liver metastasis with moderate volume of ascites
  - ▶ 2. Cardiomegaly and bilateral pleural effusions.
  - ▶ 3. Residual tumour in the left lower lobe cannot be excluded.

# CASE PRESENTATION

- ▶ MRI head with contrast
  - ▶ multiple areas of ischaemic stroke
  - ▶ right MCA and right SCA (posterior circulation) infarcts with severe small vessel ischaemic changes noted but no metastatic disease from lung cancer

# SUMMARY

- ▶ Patient's changing clinical condition will prompt clinician's situational clinical judgement to give different diagnoses and management plan
  - ▶ However, each and every clinical judgement should be weighed on four elements of clinical judgement process
    - ▶ Noticing
    - ▶ Interpreting
    - ▶ Responding
    - ▶ Reflecting
- 
- A series of three parallel white diagonal lines extending from the bottom right towards the top right of the slide.

ANY QUESTIONS?

