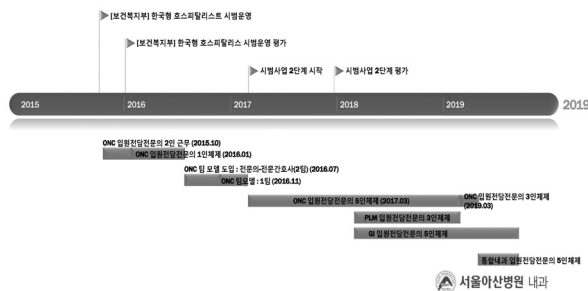


## 복합적 증상과 질환을 가진 내과 환자의 종합적 문제 해결

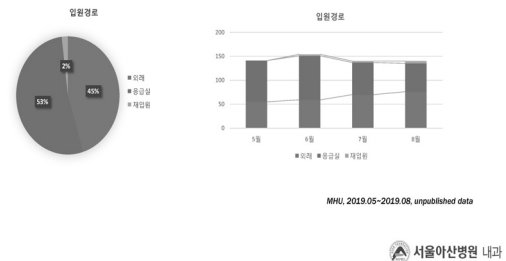
서울아산병원 통합내과

황 승 하

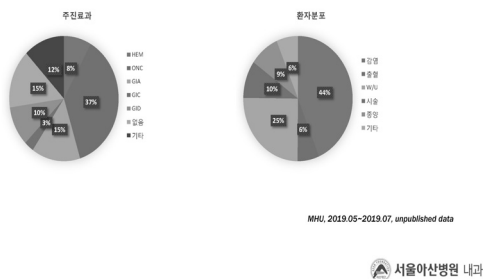
### 서울아산병원 입원전담전문의



### 서울아산병원 통합내과



### 서울아산병원 통합내과 (2019.05~07)



### Core Competencies

TABLE 2. The Core Competencies in Hospital Medicine—2017 Revision: List of Chapters\*

Section 1: Clinical Conditions	Section 2: Procedures	Section 3: Healthcare Systems
1. Acute Coronary Syndrome	1. Abdominal	1. Care of the Older Patient
2. Acute Kidney Injury	2. Chest Radiograph Interpretation	2. Care of Vulnerable Populations
3. Alcohol and Drug Withdrawal	3. Electrocardiogram Interpretation and Abnormality Monitoring	3. Communication
4. Asthma	4. Emergency Procedures	4. Diagnostic Decision Making
5. Cardiac Arrhythmias	5. Endotracheal Intubation	5. Drug Safety, Pharmacokinetics, and Pharmacovigilance
6. Chronic Obstructive Pulmonary Disease	6. Endotracheal Intubation	6. Evaluation of Resources
7. Community-Acquired Pneumonia	7. Hemodynamics	7. Evidence-Based Medicine
8. Heart Failure	8. Hospital Admission	8. Hospital Admission
9. Infection and Immunity	9. Hospital Admission	9. Information Management
10. Infectious Diseases	10. Hospital Admission	10. Leadership
11. Gastrointestinal Bleed	11. Hospital Admission	11. Management Practices
12. Hospital-Acquired Pneumonia	12. Hospital Admission	12. Medical Consultation and Management
13. Hypertension	13. Hospital Admission	13. Medicine and the Hospital/Patient
14. Kidney Disease	14. Hospital Admission	14. Medicine Care
15. Liver Disease	15. Hospital Admission	15. Patient Education
16. Metabolic Syndrome	16. Hospital Admission	16. Patient Health
17. Sex and Sex-Related Medicine	17. Hospital Admission	17. Patient Safety
18. Stroke	18. Hospital Admission	18. Practice-Based Learning and Improvement
19. Trauma	19. Hospital Admission	19. Prevention of Healthcare-Associated Infection and Antimicrobial Resistance
20. Urinary Tract Infection	20. Hospital Admission	20. Professionalism and Medical Ethics
21. Venous Thromboembolism	21. Hospital Admission	21. Quality Improvement
		22. Risk Management
		23. Team Approach and Multidisciplinary Care
		24. Transition of Care

\*See text for details.

J. Hosp. Med. 2017 April;12(4):283-287

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### SECTION 3 HEALTHCARE SYSTEMS

#### 3.3 COMMUNICATION

Communication refers to the flow of information among individuals, groups or organizations. Healthcare communication is the exchange of information between healthcare providers and patients, families, and administrators. Patient-centered communication is a key component of patient-centered care. It involves the use of communication skills to establish a therapeutic relationship, assess patient needs, and provide patient education. Healthcare communication is a complex process that involves many factors, including the healthcare provider's knowledge, skills, and attitudes, the patient's characteristics, and the healthcare system's culture and policies. Healthcare communication is a dynamic process that evolves over time and is influenced by many factors, including the healthcare provider's personal and professional growth, the patient's changing needs, and the healthcare system's evolving priorities. Healthcare communication is a critical component of patient-centered care and is essential for the delivery of high-quality healthcare. Healthcare communication is a complex process that involves many factors, including the healthcare provider's knowledge, skills, and attitudes, the patient's characteristics, and the healthcare system's culture and policies. Healthcare communication is a dynamic process that evolves over time and is influenced by many factors, including the healthcare provider's personal and professional growth, the patient's changing needs, and the healthcare system's evolving priorities. Healthcare communication is a critical component of patient-centered care and is essential for the delivery of high-quality healthcare.

**KNOWLEDGE**

- Discuss the importance of knowledge in healthcare communication
- Identify the different types of knowledge (e.g., clinical, research, patient education) and their relevance to healthcare communication
- Explain how knowledge is acquired and updated in the healthcare profession
- Discuss the role of knowledge in building trust and rapport with patients
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**SKILLS**

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**ATTITUDES**

- Discuss the importance of attitudes in healthcare communication
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연령대	인원
<25	9
(25, 35]	14
(35, 45]	29
(45, 55]	57
(55, 65]	116
(65, 75]	106
(75, 85]	87
>85	15

MHJ, 2019.05~2019.07, unpublished data

- 밥도 못 먹고, 기운도 없어서 퇴원 못한다!

 서울아산병원 내과

 서울아산병원 내과

표현 이름(Recommendation)	비고(Notes)
<p>CGGA 표지 383)</p> <p>medial lobe S12</p> <p>lateral sulcus S52</p> <p>performance test</p> <p>IMAG2 18</p> <p>dominant handgrip strength 17</p> <p>weight loss 1~2kg 35</p> <p>IMC 2.5</p> <p>albumin 2.9</p> <p>Fatty Index: 2028</p>	
<p>유래</p> <p>유래: 전신 암 환자 전신 암 환자 유래입니다.</p> <p>pathology of apical: 전신 암 환자 유래입니다. underlying 유전적 pneumonia 1807가 2명</p> <p>발생률: 전신 암 환자 유래입니다. 유전적 pneumonia 1807가 2명 유래입니다.</p> <p>national support: 1807가 2명 유래입니다. 유전적 pneumonia 1807가 2명 유래입니다.</p> <p>discharge: 1807가 2명 유래입니다. 유전적 pneumonia 1807가 2명 유래입니다.</p>	
<p>비고</p> <p>CGGA 표지 383)</p> <p>medial lobe S12</p> <p>lateral sulcus S52</p> <p>performance test</p> <p>IMAG2 18</p> <p>dominant handgrip strength 17</p> <p>weight loss 1~2kg 35</p> <p>IMC 2.5</p> <p>albumin 2.9</p> <p>Fatty Index: 2028</p>	

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- Identify institutional resources
- Evidence for the primacy of patient education
- Readiness to learn
- Role of patient education
- Sociocultural background
- Identification of barriers

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- In a manner best suited
- Communicate effectively
- Understanding of illness severity, prognosis, and goals of care
- Provide patients with safety tips
- Understand anticipated therapies
- "Teach Back" and "Show Back."
- Team-based approaches

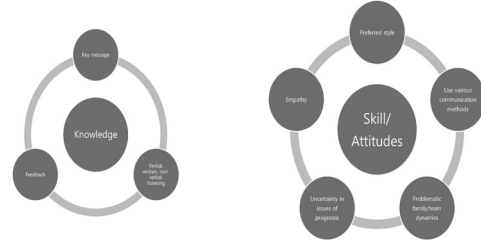
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## Communication

- Transfer of information
- Communicate in multiple modalities
- Patient-centered care
- An estimated 80% of serious medical errors are due to failures in communication

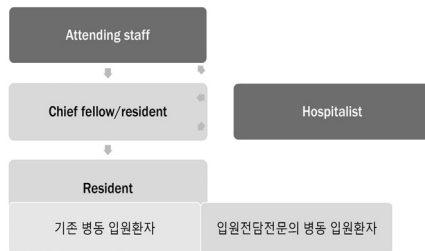
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## Communication



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## Communication/Medical consultation



서울아산병원 내과

Use of consult services over time

Increased a lot	9 (7.4)
Increased a little	38 (31.1)
No change	38 (31.1)
Decreased a little	30 (24.4)
Decreased a lot	7 (5.7)

Total consults per shift

0-1	48 (39.3)
2-3	62 (50.8)
4-5	8 (6.5)
>5	2 (1.6)

Medical subspecialty consults per shift (mean  $\pm$  SD)

2.9 $\pm$ 2.4
---------------

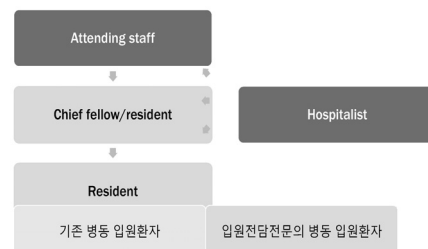
TABLE 2. Hospitalist Consultation Practices

Practices	N	Never	Sometimes	About half of the time	Most of the time	Always
Consults performed by fellow with attending supervision	102	4 (3.9%)	5 (4.9%)	10 (9.8%)	53 (52%)	30 (29.4%)
Hospitalist speaks with consultant to request consult in person	97	25 (25.8%)	59 (60.4%)	10 (10.2%)	3 (3.1%)	0 (0%)
Hospitalist speaks with consultant to request consult over the phone	101	3 (2.9%)	12 (11.9%)	9 (8.9%)	46 (45.5%)	31 (30.7%)
Hospitalist speaks with consultant to request consult by pager only	96	46 (47.9%)	34 (35.4%)	3 (3.1%)	8 (8.3%)	5 (5.2%)
Assistance with diagnosis	49 (48.2)	99	24 (24.2%)	66 (66.7%)	9 (9.1%)	0 (0%)
Request a procedure	22 (18.0)	103	2 (1.9%)	38 (38.3%)	25 (24.2%)	34 (33.5%)
Discharge planning	0 (0)	100	14 (14%)	71 (71%)	10 (10%)	5 (5%)

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## Communication/Medical consultation



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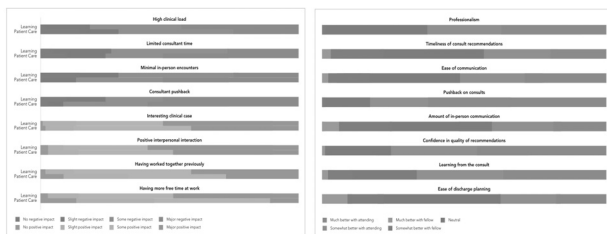


FIG 1. Barriers to and facilitating factors of patient care and hospitalist learning

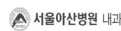
FIG 2. Hospitalist preferences with respect to consult follow-up and consult scheduling preferences

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## Communication among physicians

- These communications should be standardized whenever possible
- Standardized discharge summary



## Standardized discharge summary

치료 계획(Plan)

GIA 김강모 교수님 : 부종, hypoalbuminemia, fatty liver로 w/u 진행하였습니다. IgG 상승, ASMA 양성 소견입니다. uterine myoma에 대해서 OBY는 수술 recommend 하였고 환자는 다음 외래 내원시 수술여부 결정하기로 하였습니다.  
 GID 함남석 교수님 : r/o protein losing enteropathy로 CFS/EGD random Bx 시행하였습니다. CTE, 캡슐내시경 recommend 해 주셨으나 환자 개인적인 사정으로 퇴원 희망하여 CTE는 시행하고 퇴원, 캡슐내시경은 통원하여 시행하기로 하였습니다. Bx/CTE/캡슐내시경 결과 확인필요합니다. fecal antitrypsin 결과도 확인하지 못하였습니다. lax에 부종이 있어 target BW 61kg로 처방하였습니다.  
 OBY 김대연 교수님 : uterine myoma에 대해서 수술적 치료 고려하고 하였습니다. 11/8 수술 상담전 수술 시행여부 결정하여 내원하기로 하였습니다.  
 END 전만지 교수님 : subclinical hypothyroidism은 2달 후 f/u 하시고 하였습니다. 수술 고려 중으로 일찍 내원하도록 하였습니다.



## Medical Malpractice

Do No Harm



## Defensive medicine

- To reduce their exposure to malpractice liability
- 93% had engaged in defensive medicine
- 42% were limiting the scope of their practice because of fear of liability (2005 study by Studdert et al)
- most common type of defensive medicine in the survey was ordering extra tests



- TWDFNR
- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary



## Journal of Hospital medicine : TWDFNR

- Routine Echocardiography in Hemodynamically Stable Patients with Acute Pulmonary Embolism
- Use of Antipsychotic Medications in Patients with Delirium
- Contact Precautions for MRSA and VRE
- The Use of Thickened Liquids in Treating Hospitalized Adult Patients with Dysphagia
- Routine Chest Radiographs after Uncomplicated Thoracentesis
- Neutropenic Diet
- .....

