

TIPS FOR SAFE AND ETHICAL MEDICAL PRACTICE

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COMMON DEVIATIONS IN THE PA STANDARDS OF CARE ENCOUNTERED IN MALPRACTICE LITIGATION

Provider Failure to:

- Obtain an adequate medical history (patient, family, paramedics, chart)
- Review prior medical records
- Perform an appropriate physical exam
- Document an appropriate physical exam if life or limb threatening
- Appreciate the severity of a condition
- Appreciate change in condition
- Order the appropriate diagnostic tests
- Interpret the diagnostic tests correctly (e.g. left shift, x-rays, EKGs)
- Delay in reviewing diagnostic tests
- Have the diagnostic tests over-read by SP (e.g. x-rays, EKGs, labs)
- Discuss patient care with supervising/collaborating physician SP
- Recognize when you need help, discuss patient care with SP
- Discuss medication side-effects with patient
- Admit patient to hospital
- Send patient to ER
- Provide appropriate follow-up instructions
- Provide timely follow up with a specialist or PCP
- Gather all the needed vital signs (pulse ox frequently missed)
- Treat abnormal vital signs
- Recognize when SIRS criteria met
- Document pertinent negatives as well as positives if a life threatening situation
- Make a diagnosis at all

- Document a differential diagnosis and what steps will be taken to rule them in or out
- Reasonably rule out the most life-threatening conditions first (common plaintiff strategy)
- Follow up on abnormal lab results (PSA) or x-ray (mammogram)
- Communicate with nursing or other staff
- Communicate with specialists

WHAT YOU CAN DO - RECOMMENDATIONS

TO AVOID MAKING ERRORS AND PROVIDE ETHICAL AND SAFE MEDICAL CARE

- Know your limitations, do not be afraid to ask for help, discuss care with SP
- Review diagnostic tests with SP, esp. EKG, non-extremity x-rays
- Spend as much time as you need on the HPI – cover OLDCARTS well
- Get history from family, significant others, medics, old chart, pharmacies
- Not only perform but document all pertinent physical exam findings
- Write legibly, if using EMR, erase conflicting template information
- Consider a broad differential diagnosis, think of the worst possibilities first even if uncommon and reasonably rule them in or out either clinically or with diagnostic studies
- Make sure your diagnosis is a diagnosis and not just a billing code or a restatement of the patient's chief complaint or symptoms, e.g. chest pain, abdominal pain, N/V, dizziness, fever, malaise
- If unable to make a diagnosis, document the differential and steps to be taken
- Provide realistic prescriptions, ones your patient can afford and will fill
- Provide realistic discharge instructions, don't assume they can see their PCP in 1-2 days –we all know that's not likely
- Treat everyone with respect, even those you consider to be drug seeking or malingering
- Treat everyone as if they were a family member or your grandmother

- Be a good listener, be patient and empathetic
- Place a reminder in the medical record to yourself and other to follow up on abnormal lab or diagnostic results, don't just assume patient will follow up on their own
- Ensure and document patient understanding of your discharge or follow-up instructions
- Develop good relationships with your supervising physician and support staff
- If you are in an uncomfortable situation with support or supervision or expectations or questionable practices by employer, get out stat
- Know your state practice regulations and be sure you follow them
- Know your hospital or clinic policies and be sure you follow them
- Refer your patients to specialists in a timely manner as needed
- If a patient returns in a short time span, that's a red flag of something you may have missed, if able, have a second set of eyes see the patient
- Do not rush or be forced to rush
- Take frequent breaks for yourself and clarity of mind
- If you feel overworked, speak to administration and discuss it as a liability issue for the practice
- Discourage your practice from offering bonuses or incentives based on patient volume

All members of AAPA are welcome to become members of the Academy of PAs in Legal Medicine. We are a SIG (special interest group) of the AAPA. Our mission is to educate fellow PAs, those in the legal profession and the public on what constitutes the PA Standard of Care, and to help providers avoid making errors in clinical judgment that do not meet those standards.

All members of APALM adhere to the Ethical Guidelines established by the AAPA House of Delegates concerning PAs who provide testimony on PA Standards of Care.

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