

Clinical Decision Making

Welcome to this short overview of Clinical Decision Making for Nurses, Midwives and Allied Healthcare Professionals.

We've split this overview into a number of elements that will highlight:

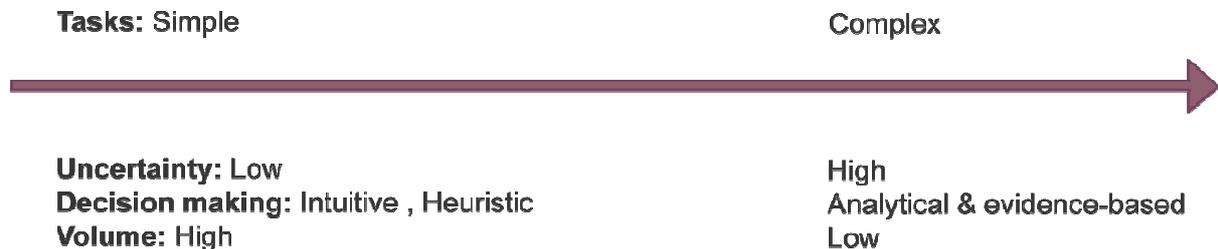
- The principles of clinical decision making;
- The core skills of decision making;
- The decision making process;
- The power of shared decision making.

What is Clinical Decision Making?

We are all involved in decisions in life from the simple to the complex, those that deal with patients and clients to those that deal with our life outside work.

Decision making can range from fast, intuitive, or heuristic decisions through to well reasoned, analytical, evidence-based decisions that drive patient and client care.

There is a spectrum of decision making - at one end of the spectrum we use our intuition and experience to make decisions, where there are typically a high volume of simple decisions to be made. At the other end of the spectrum, there may be complex decisions to be made, where the level of uncertainty is high and an analytical and evidence-based approach is needed to support the rules-based heuristics or experience we have gained over time in 'similar' situations.



An Effective Practitioner is tasked with making clinical decisions with patients and clients many times during their health and care journey. Clinical decision making is a balance of experience, awareness, knowledge and information gathering, using appropriate assessment tools, your colleagues and evidence-based practice to guide you.

Good decisions = safe care.

The Core Skills of Clinical Decision Making

Good, effective clinical decision making requires a combination of experience and skills. These skills include:

- **Pattern recognition:** learning from experience.
- **Critical Thinking:** removing emotion from our reasoning, being 'sceptical', with the ability to clarify goals, examine assumptions, be open-minded, recognise personal attitudes and bias, able to evaluate evidence.
- **Communication Skills:** active listening - the ability to listen to the patient, what they say - what they don't say, their story, their experiences and their wishes thus enabling a patient-centred approach that embraces self-management; information provision - the ability to provide information in a comprehensible way to allow patients/clients, their carers and family to be involved in the decision making process.
- **Evidence-based approaches:** using available evidence and best practice guidelines as part of the decision making process.
- **Team work:** using the gathered evidence to enlist help, support and advice from colleagues and the wider multi-disciplinary team. It's important to liaise with colleagues, listen and be respectful, whilst also being persistent when you need support so that you can plan as a team when necessary.
- **Sharing:** your learning and getting feedback from colleagues on your decision making.
- **Reflection:** using feedback from others, and the outcomes of the decisions to reflect on the decisions that were taken in order to enhance practice delivery in the future. It's also important to reflect on your whole decision making strategies to ensure that you hone your decision making skills and learn from experience.

Factors that affect decision making

There are many factors involved in clinical decision making and each of the core skills has the potential to impact effective decision making. In an ideal world decisions would be made objectively, with a full set of evidence, an endless bank of resources, no time pressures, minimal interruptions, decision support tools to hand and plenty of energy to handle any decision making situation at any time of the day.

However, this is not always the reality. Clinical decision making is a balance of known best practice (the evidence, the research), awareness of the current situation and environment, and knowledge of the patient. It is about 'joining the dots' to make an informed decision. Informed clinical decision making should include a variety of information and knowledge sources.

Knowing the evidence

There are a wide variety of online journals, books and reference materials you can utilise to research the evidence base. [The Knowledge Network - http://www.knowledge.scot.nhs.uk/home.aspx](http://www.knowledge.scot.nhs.uk/home.aspx) is a useful starting point. As experience develops you will identify and build your set of cases with identifiable patterns and typical outcomes that can provide valuable background knowledge when dealing with a current situation.

Knowing yourself

Being aware of your behaviour, competencies, attitudes, emotions and values and not just your own but also those of your patients/clients and colleagues. It's also important to know your limitations - being aware of when to seek help, advice and support. Remember - you are part of a team.

Knowing the Patient and Person

Knowing the patient's preferences, their experiences of illness and their current situation or care needs and what is normal for that patient in terms of observation, mobility and level of function. It's important to consider feedback from decision making tools that you can use to capture patient information and analyse results.

Knowing the Environment

Awareness and recognition of the approach to decision making and the wider team dynamics within your organisation.

The Decision Making Process

Clinical decision making will typically follow a process moving from gathering the necessary information through to the final decision and outcome. This should not be seen as an entirely linear process as one step can inform another, and you may move to jump to another step based on new information that emerges.

- **Using cues and gathering and analysing patient data systematically** through direct observations, listening to the patient's story and their concerns, reviewing patient records, examining lab results, using decision making tools and assessment data and looking at for example atypical responses.
- **Making judgements** on the patient data on what you think could be happening, looking for patterns, assessing your information needs and who can provide you with the missing information, looking for the evidence to support what you think may be happening, assessing who you should involve or consult, using your own intuition - the 'red' flags, your 'gut' feeling based on your experience in the area - to make judgments and prioritise these judgements based on the current patient, the situation and the environment in which you are operating.
- **Making decisions:** deciding what to do and how to do it, deciding who might need to be informed and consulted. This can include colleagues, and of course the patient/client involved in the centre of decision making.
- **Evaluating Outcomes:** evaluating the outcome of the decision to determine if the desired outcome has been achieved. Again this stage may involve consulting with others, or finding out additional information to make further judgments and decisions.

Shared Decision Making

In the past, the patient played a passive role in decision making, with the healthcare professional, as knowledgeable expert, responsible for all decisions made. However, current practice and drive for [person-centredness](http://www.effectivepractitioner.nes.scot.nhs.uk/learning-and-development/clinical-practice/enhancing-person-centred-care.aspx) -<http://www.effectivepractitioner.nes.scot.nhs.uk/learning-and-development/clinical-practice/enhancing-person-centred-care.aspx> means that we are all tasked with providing care that is responsive to individual personal preferences and needs, with patient values informing clinical decisions.

Patients, clients and their families expect to be given information on their condition and treatment options with the practitioner and broader clinical team taking their individual preferences into account.

However, many patients and clients may wish to be actively involved in the decision making, making the decisions themselves. This concept of shared or negotiated decision-making, with the patient/client as an active partner, brings with it issues of informed consent and comprehensible risk communication. It is important to hear the patient and enable them to build knowledge to support their self-care and self-management strategies.

Next Steps

As a next step why don't you:

- Reflect back on a recent decision you made - did you make the judgement and decision objectively, did you use all the data and evidence to hand? Did your personal attitudes or biases have a part to play in the decision? Did you involve the patient in the decision making process - from the initial information gathering to agreeing a course of action? Examine your own decision making patterns.
- Visit the [Evidence-based Practice learning activities - http://www.effectivepractitioner.nes.scot.nhs.uk/learning-and-development/evidence-based-practice.aspx](http://www.effectivepractitioner.nes.scot.nhs.uk/learning-and-development/evidence-based-practice.aspx) on the site as they have been designed to help you review your practice to ensure it is always up to date and based on best available evidence.
- Access the [Evidence-based Practice resources - http://www.effectivepractitioner.nes.scot.nhs.uk/resources/evidence-based-practice-resources.aspx](http://www.effectivepractitioner.nes.scot.nhs.uk/resources/evidence-based-practice-resources.aspx) on the site to find useful websites and toolkits to support evidence-based practice.
- Identify a role model who you believe is a competent decision maker - watch and question how your role model makes decisions: how do they go about finding out the information they need, how do they make judgements, decide on a course of action and analyse the outcomes? What experienced-based rules of thumb or heuristics do they employ during decision making?
- Access the following websites to find out more about clinical decision making and connect with colleagues.

<http://www.evidenceintopractice.scot.nhs.uk/clinical-decision-making.aspx>

<http://www.knowledge.scot.nhs.uk/scottish-clinical-skills-network.aspx>