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Soggetti	Veterinary Medicine - methods Clinical Decision-Making Professional-Patient Relations
Lingua di pubblicazione	Inglese
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Nota di contenuto	How to determine your success as a clinician -- How to obtain a patient history -- Informed consent -- Risks, benefits, and ageism -- The most important things an owner needs to know -- Euthanasia -- Referrals -- The influence of economics on decision-making -- How to optimize patient outcomes -- Medical errors -- The influence of patient weight on decision-making -- The influence of age and aging on decision-making -- The day of the week matters -- The time-of-day matters -- Serial monitoring of laboratory results -- Overdiagnosis and useful diagnosis -- The minimum database -- In what order should tests be performed? -- Diagnostic errors -- Providing a prognosis -- Inpatient or outpatient? -- The therapeutic trial -- Interpreting therapeutic outcomes -- Setting goals and therapeutic endpoints -- Pain management.
Sommario/riassunto	"During author's 33 years as a small animal internal medicine specialist interacting with patients, clients, associates, practice owners, technicians, and referring veterinarians, and teaching students and interns, he realized that there is an absence of principles or strategies to guide veterinary practitioners in the process of rational decision-

making on behalf of patients. This sometimes results in decisions which, when examined retrospectively, appear to be irrational, or difficult to justify based on information in medical records. In author's experience, each hospital has a unique culture or philosophy of practice which profoundly influences the way in which its clinicians make decisions. These influences are known as the "hidden curriculum," where clinicians are implicitly expected to adopt systems and protocols that align with the philosophy of the practice. For example, whether a specific practice customarily sends patients home shortly after routine surgery or keeps these cases in the hospital overnight. Some practices encourage their clients to pursue diagnoses while others prioritize therapeutic trials. To mitigate cognitive dissonance and interpersonal conflicts, most clinicians unknowingly modify their behaviors to align with each hospital's expectations. This process of doing what is expected of you or what your employer has done preceding you, is quite understandable. But when scrutinized, this practice tends to diminish care uniquely tailored to each client and patient in lieu of adhering to historical precedents or hospital-based protocols. Such behaviors are often justified by statements such as "That's the way we've always done it." These arguments delay a willingness to embrace new scientific evidence or practice in accord with evolving societal expectations. Many of these expected actions also conflict with what veterinary students have been taught are evidence-based approaches to practice"--
