SUMMER TRAINING PRESENTATION

PART 1 .A systematic review of the literature :
Violence against doctors in India
PART 2 . Online course
Improving global health : focusing on quality and safety

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INTRODUCTION

- According to World Health Organization, about 8–38% healthcare workers suffer physical violence at some point in their careers .
- Incidences of violence against doctors are increasing in India since the last few years.
- Violence against doctors can occur in different forms such as physical, verbal abuse and threats, cyber bullying, mob lynching and blackmailing.
- The violence faced by the medical profession is one of the highest among different professions in the country.
- The recent incidents happened across the country gathered the attention of the government and the citizens of the nations where doctors are attacked across many parts of the nation.
- “Workplace violence covers a spectrum of unacceptable behaviors. It includes incidents where staff are abused, threatened, discriminated against or assaulted in circumstances related to their work, including commuting to and from work, and which represent a threat to their safety, health, and well- being.”

RESEARCH QUESTIONS

Research question 1 – What are the level of incidence of violence on doctors at workplace in India ?

Research question 2 – What is the impact of violence on the doctors ?

OBJECTIVES

Objective 1 – Assess the level of incidence of violence on doctors at workplace in India

Objective 2 – Assess the impact of violence on the doctors.

Methods

- The search strategy was to get literature review from online search databases – Pubmed, MeSH databases, PMC articles and ePub. the keywords used are violence, doctors, India, abuse and bullying.
- The search was designed and conducted with the search strategies from the last five year that between 2015 to 2020 and used the combinations of key words. A range of different keywords were used to diversify the search results. Additionally, Google search engine was used using the search words. The language used for the search results is English and google scholar articles were reviewed.

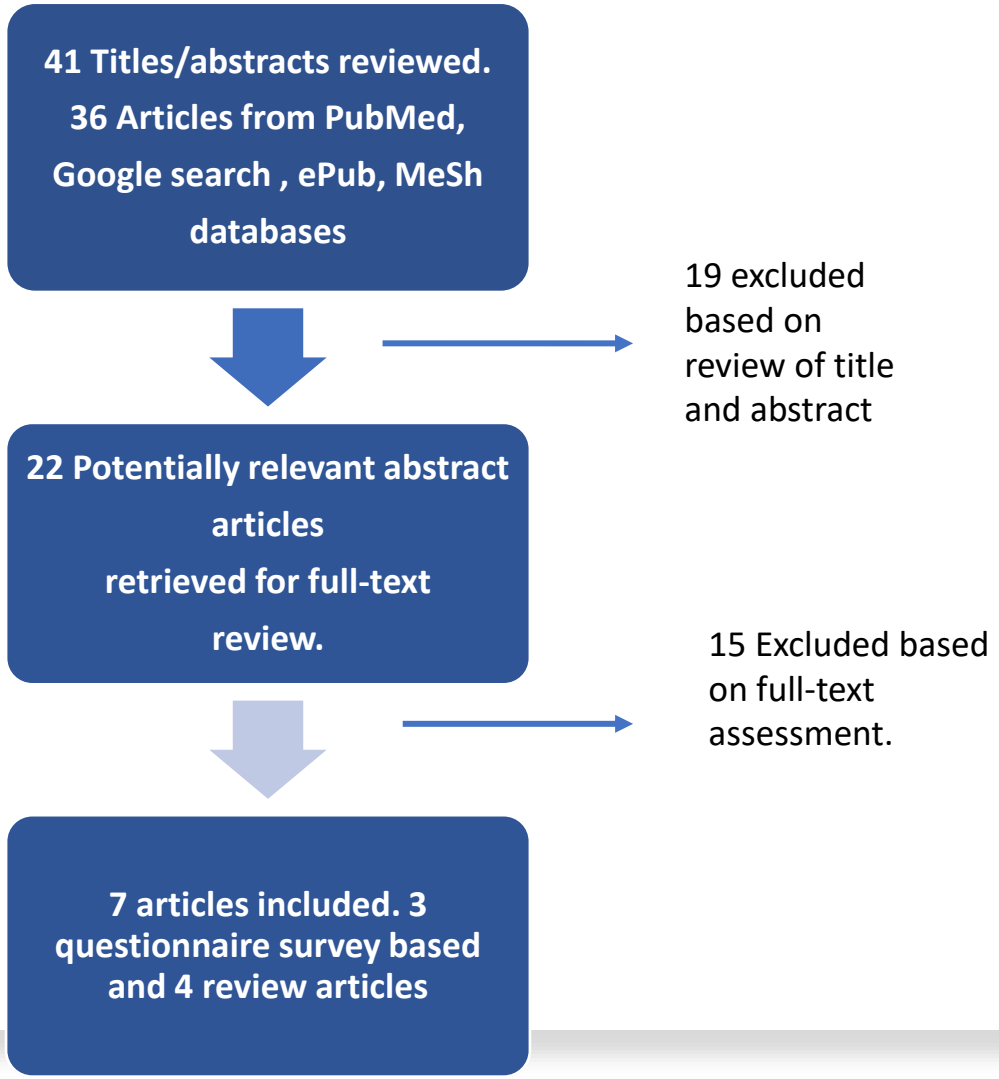
Design

Systematic literature review.

Inclusion/exclusion criteria

- The language for the inclusion of articles is English.
- All articles that are included were original research conducted with different research designs and methods in India Between the year 2015 and 2020 .
- For the research to be included in the review, the primary aim and objectives of the study should be focused on WPV, the effects of the WPV and the prevention of the WPV.
- In the case of numerous publications from the same study were found, the one with the most amount of significance and adherence to the issues were included.
- The other publications of findings from the same research study contributed significant new information and/or findings , were included in the review and treated as separate studies.
- There were also several reasons for the exclusion of articles. The articles which are not contributing directly to the study were excluded.
- The articles which were not accessible were also excluded from the review.
- An exception is made with the study published in 2009 which is a systemic review of literature: workplace violence in the emergency department by Taylor JL and Rew L. This study is included because of the lack of systemic reviews on the topic.

Flowchart based on the study selection process



Results

- Seven articles are included in this literature review. The majority of the studies are qualitative, and others are descriptive in nature. The methods used in the descriptive studies are the self-questionnaire surveys.

- The qualitative literature focused on analyzing the main reasons for the violent incidents, the prevention measures for the same.

- One of the studies that used the questionnaire-based surveys is conducted by Anand, T., Grover, S., Kumar, R., Kumar, M., & Ingle, G. K in a tertiary care hospital in Delhi And the second dis done by the Kumar NS, Munta K, Kumar JR, Rao S , Dnyaneshwar M, Harde Y who conducted a Survey on Workplace Violence Experienced by Critical Care Physicians.

- A multi centric cross-sectional study is done by Singh G, Singh A, Chaturvedi S, Khan S (2019) in government medical colleges of Uttar Pradesh from November 2017 to January 2018.

- Four of the studies are focused on the causes of violence. The main causes of violence are found as Poor image of doctors and the role of the media, Meagre health budget and poor quality healthcare, Vulnerability of small and medium healthcare establishments ,Lack of faith in the judicial process ,Mob mentality, Low health literacy , Cost of healthcare ,Poor communication and the Lack of security. The main causes of violence are identified as the image of doctors the role of media medical Institution

- Three of the studies focused on prevention of violence. The main measures to prevent the violence are the steps by the government by doctors such as documentation, consent, not overreach , alertness and communication. The role of the media, the government, the Institution and the doctors are identified as the means to prevent the violence against doctors in most of the studies.

- Two studies discussed about the impact of the violence on the doctors and their mental health and well being .

- One study provides the definition of the workplace violence

- In most of the studies the lack of communication is identified the important cause of violence.
- The studies revealed that there are various impacts of violence in the wellbeing and mental state of the health of the doctors such as stress, insomnia, job dissatisfaction, lack of confidence. One of the research papers identified that the highest number of violence incident close to 50% occurs in ICU and 70% by the relatives and attendants.

Major findings : A synthesis of included studies

Reference	Date	Methods	Aim of the review	Main conclusions stated by the authors
Anand T,Grover S, Kumar R, Kumar M, Ingle GK	2016	Self administered questionnaire	To assess the exposure of WPV among doctors, the consequences and the risk factors	There is under-reporting of the violence by the doctors, only 44.2% incidences are reported. Miscommunication was the major cause of violence
Singh G, Singh A, Chaturvedi s, Khan S.	2019	Multicentric cross-sectional study	To measure prevalence, risk factors, ways to prevent WPV	In 69.3% of the cases the patients' relatives and attendants are involved in violence. Lack of drugs, and less staff were found as the main reasons of violence.
Kumar NS, Munta K, Kumar JR. Rao SM, Dhyaneshwar M, Harde Y	2019	Pretested questionnaire	To identify the incidence of WPV amongst critical care physicians.	Verbal violence was the most common violence reported. 72% doctors faced WPV. Conflict management as a part of curriculum was suggested
Ambesh P	2016	Literature review	To identify and discuss the causative factors and find the solutions	The requirement of legal provisions for the safety of doctors.
Nagpal N	2017	Literature review	To identify the causes, types of violence and methods of prevention of violence	The expenditure on healthcare should be increased by government and stricter penalties imposed by the government
Taylor JL, Lynn R	2009	Systematic Review	Review of WPV in ED and identification of the characteristics of the studies for evidence based practice	Lack of interventions to guide evidence based studies, under-reporting of events, incidences reported in most of the studies and they are more prominent in ED.
Kar SP	2017	Literature review	Identify the causes of the violence	Patient dissatisfaction is the prominent cause .

Discussion

CAUSES OF VIOLENCE

India is among the countries with the lowest investment of the GDP in the healthcare sector that is less than 2%. The conditions of patients being treated in the government hospitals are pitiable . The patients go through long duration of waiting in overcrowded hospitals , unhygienic environment , long queues at pharmacy , multiple visits for laboratory and radiological investigations, and even sharing the bed with other patients in some cases.

- The lack of insurance policies in the countries lead to the problem of the out of pocket expenditure of the patients. Most of the conflicts in the hospitals occur at the time of billing and the patient perceive it as wrongly charged leading to many incidences of violence with the billing, management, and the hospital staff.
- Many incidences of mob mentality have occurred in the country and the recent time as well.
- Miscommunication and ineffective communication can act as trigger for the violence between doctors and attendants
- There is no curriculum in the medical education for the communication skills required by a resident while dealing with patients' relatives and how to give them the news about the patient's conditions.
- The lack of faith in the judiciary system and the grievance redressal mechanism also leads to the violence incidents.
- Many times, the patients' attendants go unpunished because of the lack of proper laws until recently .
- Presence of health beliefs and myths among the society and low health literacy leads to such incidents

- Political agenda and interference by the political parties cannot be overlooked
- The literature review suggested that the violent incidents can be prevented by Steps taken by the doctor, the organization, the society and the government.
- **TYPES OF VIOLENCE (by Neeraj Nagpal)**

1. Telephonic threats

2. intimidation;

3. verbal abuse;

4. physical but non injurious assault;

5. physical assault causing injury: simple and grievous;

6. murder; and

7. vandalism and arson

Steps taken by doctors –

- A proper documentation is important in the case of violence and police cases, valid and informed consent ,
- Staying within once experience and capabilities according to the training and facilities is essential in the modern medicine scenario.
- Singh et al stated that miscommunication (20.9%) and ineffective communication (14.7%) between attendants and doctors can trigger the violence. The doctors should focus on improving the communication skills which will help them in the long run.
- Use of technology to limit the waiting duration of the patient. Latest technology can be used to limit the long hours that the patients spend waiting in long queues leading to frustration and violent incidences.
- The doctor should keep in mind the patient related characteristics that lead to the violence. Nagpal explains the STAMP technique, which is also mentioned in other studies.

S=staring and eye contact, T=tone and volume of voice, A=anxiety M= mumbling and P=pacing

- **Steps taken by the hospitals**
- Insurance**,**
- Security measures by limiting the entry inside the hospital and in the sensitive areas such as OT, ICU .
- Recruitment of appropriate human resources.
- The formulation of proper grievance and complaint redressal system in the hospital
- And Transparency of hospital charging rates to avoid disputes at the time of billing.

The steps should be taken by society and government

- The violence against doctors should be treated as a serious criminal offence and community fines should be filed against it. Also, this should be treated as a heinous act by the society.

- **The major effects of violence on the doctors**

(identified in the studies conducted by Nagpal N and Anand T et al.)

Burnout ,Depression, Insomnia, Post-traumatic stress and Even fear and anxiety causing absenteeism in the UK; a similar situation likely prevails in India. Lack of job satisfaction, Decreased work output ,Insecurity , Anger ,Irritability , Frustration Increase in Absenteeism

Recommendations

- Further , new studies while keeping in mind the nature of the acts should be conducted beyond the descriptive studies which will find the missing links in the literature.
- Studies focused on barriers for the reporting of incidents should be conducted.
- Studies based on strategies used to reduce Workplace Violence, such as training, increased security staff, security measures and de-escalation.

Conclusion

This review of the literature provides the comprehensive overview on the reasons behind the violent incidents on doctors throughout the country, the effects of such effects on the mindset and well-being of doctors, and types of violence.

- The incidence of the violence is on the rise throughout the country which differs in various forms and varies according to the different departments of the hospitals.
- The study also emphasizes on the role of government in making stricter laws for the safety and protection of the doctors and the role of society to treat such acts as heinous crimes and come forward in the support of doctors.
- The various forms of violence are covered in the review which include intimidation, verbal abuse, physical but non injurious assault ,physical assault causing injury: simple and grievous, murder, vandalism and arson.
- The definitions of the forms of violence are included in the review.
- On the part of doctors , proper training in dealing with such incidents and communication skills need to be introduced. The medical curriculum which is lacking in such aspects should be updated so that the young residents can be protected and trained in the better way. The STAMP technique should be taught and practiced.
- The reform is only possible by the change in the mindset of people. The society and government should make this an agenda that under no condition should the doctors be treated by violence. Doctors in India need to be provided a safe workplace environment for performing their duties.

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PART 2 .ONLINE COURSE IMPROVING GLOBAL HEALTH : FOCUSING ON QUALITY AND SAFETY (on edX)

COURSE DESCRIPTION

The course offers an introduction to the emerging field of global healthcare quality. The past 20 years has seen an increasing realization that for healthcare to improve population health , it is required to be safe , effective , and reliably delivered. Regardless of the realization, the quality of care received by the world's citizens is not as good as it could be. This takes a substantial toll on the general population as poor healthcare. Several initiatives are there to improve health care quality in the United States with broad evidence from other high income countries and new evidences appearing from low and middle income countries suggesting global focus as a need.

LEARNING OBJECTIVES

It is understood that quality is important but what is the definition of quality, ways to measure it, and most importantly what can be done for the betterment of it. The course will help to learn :

1. The importance of focusing on quality on quality for improving population health

2. A framework for understanding healthcare quality

3. Approaches to measure quality

4. The role of information and communication technology in quality improvement

5. Tools and contextual knowledge for quality improvement

COURSE OUTLINE

Lesson 1 : Burden

Lesson 2 : Measurement

Lesson 3 : Standards

Lesson 4 : Improvement

Lesson 5 : IT and data

Lesson 6 : Management

Lesson 7 : Patients

Lesson 8 : Public systems

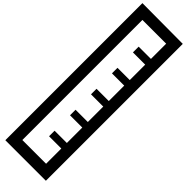
LEARNING METHODOLOGY – Video lectures

KEY LEARNINGS

LESSON 1 :BURDEN

It turns out between 10 to 25% of patients visiting hospital with something bad happening to them a as result of hospitalization. Most of the international studies from the developed countries , the rate is about 10 in 100 admissions

- Preventability – Roughly 70% of adverse drug events and 80% infections are preventable. An essential approach to prevent infections is the practice of hand washing.
- High- and low-income countries – In the developing countries , both the infant and maternal mortality rates are higher . its probably the third leading cause of death after cardiac diseases and cancer. Research done with WHO found that about 23 million disability adjusted life years are lost around the globe by such events.
- Tuberculosis background and burden -The health ministry of India has developed a fabulous national strategic plan with all the necessary interventions, better diagnostics, better tools, ICT , private sector interventions, and active case finding. If they are planning to eliminate TB by 2025 , the overall health expenditure needs to be increases from 1.4 to 2.5 %
- Public sector and private sector care for Tuberculosis in India –The public sector on paper is 100% DOTS coverage.. The chances to complete the DOTS treatment in India is 85%. Once the diagnosis is made the public sector does a reasonable job at executing whereas the private sector does a much worse job.
- Measuring quality globally- India is about to do its first ever national prevalence survey. TB research consortium is launched at a national level and Indian council of medical research has shown great leadership. EPPI, routine data mentoring, special surveys on quality might help in eliminating TB



LESSON 2 : MEASUREMENT

- Public private variation -The country's bifurcated into two : a better performing south and a worse performing north. The first failure will be that the doctor is untrained or lacking the medical knowledge, and a massive shortage of the health care workers the second failure is of the patient's perception that the doctor is not putting sufficient effort and the third is that the doctor is getting paid to do something which is not right eg to get a bunch of tests done.
- Resource allocation - The right way to do so will be resources with accountability. Accountability coming from the patient, peers, administration, and the doctors.
- Surveillance – A surveillance system where you send the standardized patients on a regular basis mimicking different stages of the TB process. Simple metrics like the duration of interaction , number of questions , number of physical examinations done are very good predictors .
- Global metrics – OECD stands for the Organization for Economic Co-operation and Development , which is a group of industrialized countries trying to exchange information about economy and economics and gathering information on spending, on patient outcomes and public health , in between about what role the health system is playing and its performance

LESSON 3: STANDARDS

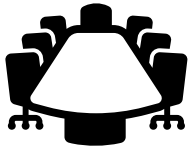
- Legal system and regulation -There are three ways that the law helps assure that we have high quality or self care in this country. The first is regulation, state or the federal government sets minimum standards which a practitioner or a hospital must meet if it wants to operate.
- The second is the liability system malpractice that is a system of accountability . The third is when it creates financial incentives , or penalties, for hospitals and physicians and other. Defensive medicine accounts for about $45 billion of costs across US , under about 2% of health care expenditures.

LESSON 4: IMPROVEMENT

- Compensation , deterrence, and negligence -One of the roles of malpractice system is to compensate patients for injuries. The second role is that if the physician knows that he will be held accountable for the mistakes made and made to pay for them , he/she will be more careful with the care he delivers. This is called the deterrence effect in negligence. A more recent study done looked at the claims and found that the physician reviewer thought that there was error in claims in 60% of the cases.
- Defensive medicine -People talk about the fact that physicians simply to avoid liability will order extra tests
- PDSA - It is called the model for improvement and it has got three questions and then Plan – Do - Study-Act cycles. First is how to apply the PDSA cycle and approach to a situation like that ? the second question is how will you know that this change is an improvement ? that’s the measurement system. The third is what changes you can try ?

LESSON 5 .IT & DATA

- HIE ,promise of Health IT -It will help us understand how to improve our health care delivery system. This data can be used to understand populations of people and what kinds of treatments are most effective for them. More data on genomics can be captured. It holds the potential for innovation in all sorts of dimensions
- HIE /EHR -There has been growth in orders of magnitude from less than 10% on 2008 to about 17 % of physicians and about 9% of hospitals. The heart of it is financial incentives.
- There is a recognition that many countries are working on adopting and getting to effective use of health IT that there is a huge opportunity for cross country learning.



LESSON 6 : MANAGEMENT

- Management in healthcare -2000 hospitals were interviewed , acute care hospitals in Europe, the US , Canada and developing countries that is India and Brazil. Within the country there are hospitals that are well advanced. They measure everything , very good at motivating and rewarding employees , identify targets and, communicate effectively. These are exceptional organizations co existing side by side with organizations that are very informal with little standardization work and adoption of basic managerial practices.
- Measuring quality of management - The starting point here is the diagnostic tool. This survey tool is essentially a set of questions. Everything is based on an open conversation with middle managers. This conversation lasts for about an hour and we introduce the conversation as a research project and do not tell in advance.

LESSON 7. PATIENTS

- Patients satisfaction is giving a rating by the patient about the hospitalization or any other care setting. Since March 2008 , majority of the hospitals in the unites states use HCAHPS containing 32 questions which have domains about nurses, physicians, and other material important to the patient while he is in the hospital

  It is creating a benchmark between all the hospitals which enables the patients and their families.

- Quality in Maternal and Newborn Care – We need obstetricians for backup and within reach to be able to look after the complications that arise suddenly which is usually within half hour.
- Women's delivery preferences and understanding access - The reasons for the women not preferring some facilities can be the understaffing of the facilities, absence of the staff overnight and it is not necessary that the facilities will be within half an hour walk of every woman everywhere . There is a need to look at other sectors to work with such as the private transport sector for taxis and vouchers.
- Rating hospitals - It increases transparency. Gives users a voice in the system, breaks down some of the traditional professional and hierarchical boundaries that existed between the patients and doctors and the clinicians serving them.
- Rating doctors – There is more risk on this approach with a risk of defamation, people being rude the doctor whether they deserve it or not, fear of vulnerability. In England it is found that about 75% of reviews are positive which is like the patient survey. If doctors get feedback and it is given to them in the right way , it can improve their experience.

LESSON 8 : PUBLIC SYSTEMS

The quality movement in healthcare Era 3 in Healthcare

1) release of the assumptions of Era 1 and 2

2) stop excessive movement

3) reduce incentive complexity

4) focus on improvement sciences

5) stringer voices for patients and families

The triple aim of healthcare

1) Better care

2) Better population health

3) Lower costs

- The Institute of Medicine has six aims for improvement Safety, effectiveness, patient – centredness, timeliness, efficiency, equity Healthcare and public health How you manage one has huge effects on the other hand in a bidirectional way. Accreditation is a way of bringing transparency and building confidence in the system because it corrects the information asymmetry. It is the means for telling the client that this facility has necessary conditions to provide high quality health care.
- WHO – World Alliance for Patient Safety

Started with a focus on three areas One, on the research aspect , putting numbers to the problem and not just the countries that could pay for it Second a program that help address some of the problems Third , patient engagement program which Patients for Patient safety ProgramAnd assessing the patient experience and how effectively the care is delivered has to go hand in hand to have the basic tools to actually deliver the care.

THANK YOU