Hong Kong College of Community Medicine
Administrative Medicine Part I Examination 2004

Key Points of Questions

Paper IB

Question 7

Motivation can be defined as the willingness to exert high levels of effort to reach organizational goals.
You have to be aware of the motivating and the de-motivating forces. Facilitate the motivating forces and deter the development of de-motivating forces.
Management strategies associated with motivation of staff includes

- Recognizing staff for achievement (incentive or rewards, tangible or intangible for good performers), providing opportunities for growth & Development, trusting & encouraging creative thinking;
- Treating staff as adult, and giving them responsibilities, accepting that mistakes and risk taking are in order, giving constructive feedback and performance reviews;
- Developing clear objectives and targets, delegating tasks and listening to staff, and
- Identifying and articulating organizational culture and values in terms that staff can understand and adopt;

De-motivating forces :-

- An unbalanced workload (i.e. too little or too much work);
- Mock consultation & lack of real involvement in decision- making
- An atmosphere of interpersonal conflict;
- An uncomfortable physical environment including Occupational hazards, and
- Constant or negative scrutiny by outside groups such as consumer watchdogs, Political parties, Government agencies or the media.

Tools & Strategies for motivating staff with elaboration on the following:-

- Delegation
- Management Supervision
- Coaching
- Preceptorship
- Mentoring

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Paper IB

Question 8

- ***Nature of operation (Urgent vs. elective)***
  If a mentally incapacitated adult is unable to consent, the doctor can provide urgent medical treatment which is necessary and in his best interests without his consent. If he is unable to consent, the doctor can also provide non-urgent medical treatment, which is necessary and in his best interests, without his consent if:-
  a) the doctor has taken all reasonably practicable steps to ascertain whether a guardian has been appointed, and there is, or appears to be, no guardian appointed; or
  b) the guardian has not been given the power to consent to medical treatment

- ***When does a mentally incapacitated adult lack capacity to consent?***
  A mentally incapacitated adult lacks capacity to consent if he is incapable of understanding the general nature and effect of a particular treatment. In practice, the doctor would assess whether he has the capacity to exercise a choice to consent or not to the particular treatment, to understand the benefits and risks of the proposed treatment, and the consequences of not receiving it. As capacity in some mentally incapacitated adults, like those with dementia or mental illness, fluctuates, the assessment must be made for a specific treatment or treatment plan.

- ***Who would be the legal guardian?***
  A relative, social worker, doctor or public office of the Social Welfare Department who thinks that a guardianship order is necessary in the interest of the welfare of the mentally incapacitated adult may apply to have himself or any appropriate person appointed as the guardian.

- ***What is the best interests test?***
  The best interests test is that the treatment will save the life of the mentally incapacitated adult, prevent damage or deterioration, or bring about an improvement, to his physical or mental health and well being.

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- ***Part IVc of the Mental Health Ordinance (59ZF)***

  …(3) Where a registered medical practitioner or registered dentist intending to carry out or supervise the treatment under subsection (2) considers that that treatment is necessary and is in the best interests of the mentally incapacitated person , then he may carry out that treatment without the consent of the mentally incapacitated person or that person's guardian (if any) accordingly.

- ***Can the doctor proceed with operation if family objects to the proposed treatment?***

  The family does not have legal power to object or refuse to allow treatment of a mentally incapacitated adult, unless a family member has been appointed as a guardian.

- ***Importance of communication between the doctor and the relative***

  This is very important in the smooth running of the service even though the law confers the medical professionals with the legal authority under exceptional circumstances.

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Key Points of Questions

Paper IB

Question 9

a) Risk Management Programme

i) Programme nature

ii) Programme objectives

iii) Establish the context
- Describe how the program is relating to healthcare setting.
- Describe the importance of this program in relation to patient safety

iv) Identify risk
- Use incident reporting mechanism as risk screening tool.
- Use leader / staff / patient survey / feedback as risk screening tool.
- Use environmental scan as risk screening tool

v) Analyze risks
- Adopt root cause analysis and aggregate analysis
- Use failure mode to detect gaps and deficiencies proactively

vi) Evaluate risks
- Stratify risk and set priority according to frequency & consequence

vii) Treat risks
- Revamp of system, workflow and process
- Design gap: Redesign, insert barriers for error:
- Judgment gap: Set standard, guidelines and protocol
- Awareness gap: Use of label, warning, alert and highlights
- Knowledge & Information gap: Orientation, education, training, certification, communication, information updating

Key Points of Questions

Paper IB

- Culture gap: Re-set norm., assumptions, attitude on error, cut corners, knowledge and information pursuance, management / supervision ownership

viii) Monitor & review

- Measurement of outcome, methods to monitor trends, audit for compliance, continual improvement, cost benefits.

ix) Communication and consult

- Communication and feedback strategy.
- Participation and institute ownership

x) Additional relevant points

- Every staff & service units' business
- Focused
- Set high expectation on patient care standard
- Zero tolerance attitude
- Multidisciplinary approach
- Process and system focused
- Partnering, collaborating
- Work with frontline & foster ownership
- Effective Communication & feedback
- Piloting and Roll-out
- Empower frontline staff with necessary skills
- Foster risk management and quality culture

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Key Points of Questions

Paper IB

Question 10

The local/international perspective.
Demographics

- Increased life expectancy
- Decreased fertility
- "Baby boomers" phenomena
- Sex differential
- Population pyramids

The contextual framework for demographic change:

- Economic health and the availability of funds
- The political framework for allocation of GDP percentage to health/social welfare
- Rising expectations
- Medical technology advances
- Education levels
- Female predominance
- Income inequalities, needs of minority groups

The need for definitions of health and measurements of health status/disabilities in elderlies, e.g. ADL, DALY, Quality of Life Indicators, Use of Health Services, etc.

The models of management for chronic disease/catastrophic illness most prevalent in elderly population.

- Cardiovascular disease, AMI, Heart Failure
- Cerebrovascular disease, CVA
- Cancer – trends and prevalence locally
- Osteoporosis
- Diabetes
- COAD
- Arthritis
- Dementia

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Key Points of Questions

Paper IB

- Depression
- Decreased vision, decreased hearing

Health promotion/education and fiscal policy
- Nutrition
- Exercise
- Smoking cessation
- Fall prevention
- Control of blood pressure, blood sugar, cholesterol, body weight
- Social networks

The relationship between health care provision, health promotion and health outcomes, and the use of population health care targets.

Interface with other policy areas
- Social welfare, e.g. 'ageing in place' policy, provision of home care support, provision of long term care facilities
- Housing
- Financing/insurance
- Immigration
- Employment/manpower/economy
- Education – continuing education for elderlies, training/career for elderly services providers, research funds for gerontology
- Ethics – end of life issues

Implications for policy development
- Shared responsibilities for care – individual/family/government
- Improved home care support
- Improved ambulatory services
- Increased use of technology to improve knowledge, improve access e.g. telemedicine, improved assisted care
- Use of alternative/complementary medicine

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Key Points of Questions

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- Support for family structure/relationships/carers
- Volunteerism