



Mengapa Doktor Banyak SONGEH?

Bagaimana Doktor Berfikir?

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Jabatan Pendidikan Perubatan UKM

PENAAKULAN KLINIKAL

CLINICAL REASONING

**PEMBUATAN
KEPUTUSAN
KLINIKAL**

*CLINICAL
DECISION-MAKING*

Thinking Like a

DOCTOR

HASIL UTAMA PENAAKULAN KLINIKAL

1. DIAGNOSIS

Apa PENYAKIT yang dihadapi?

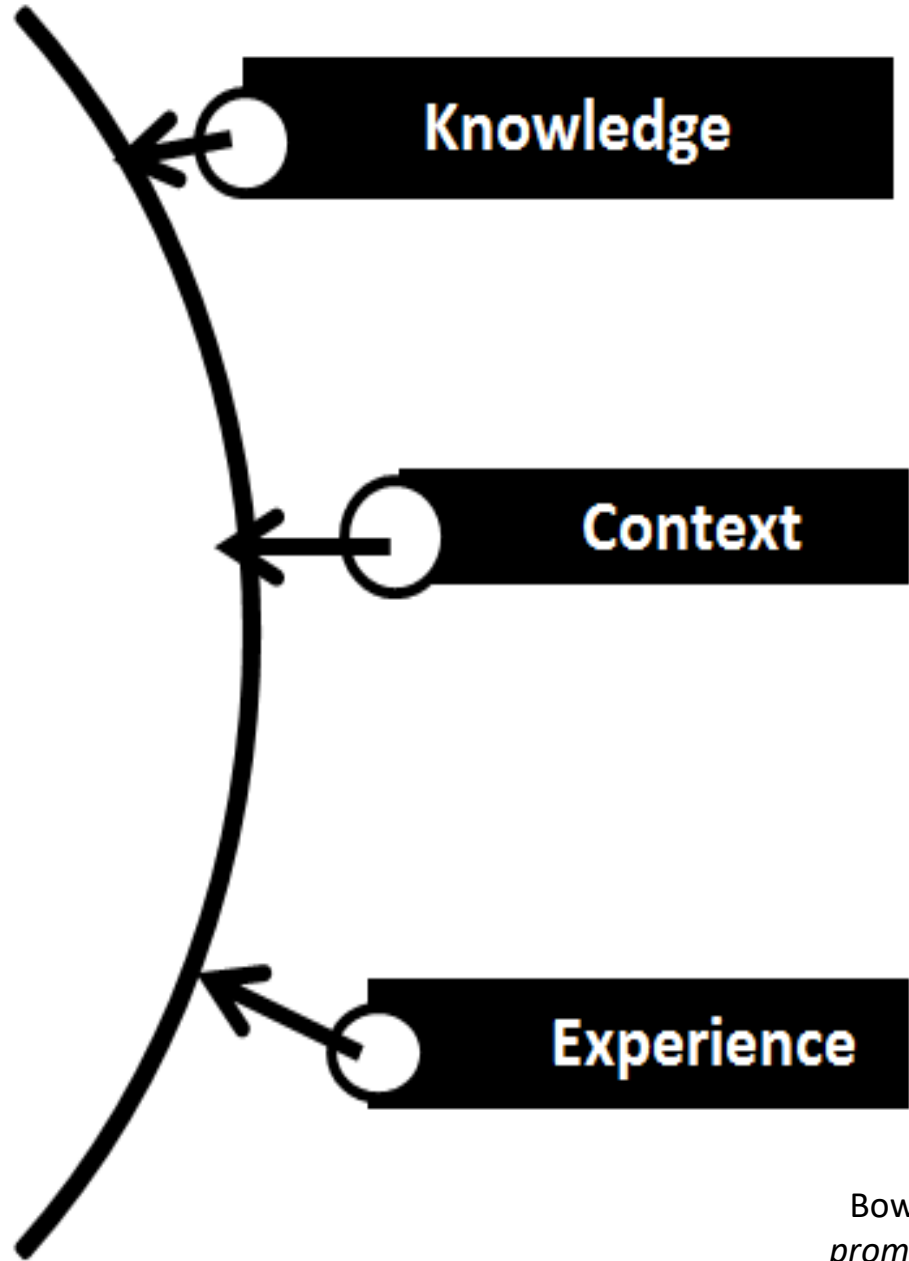
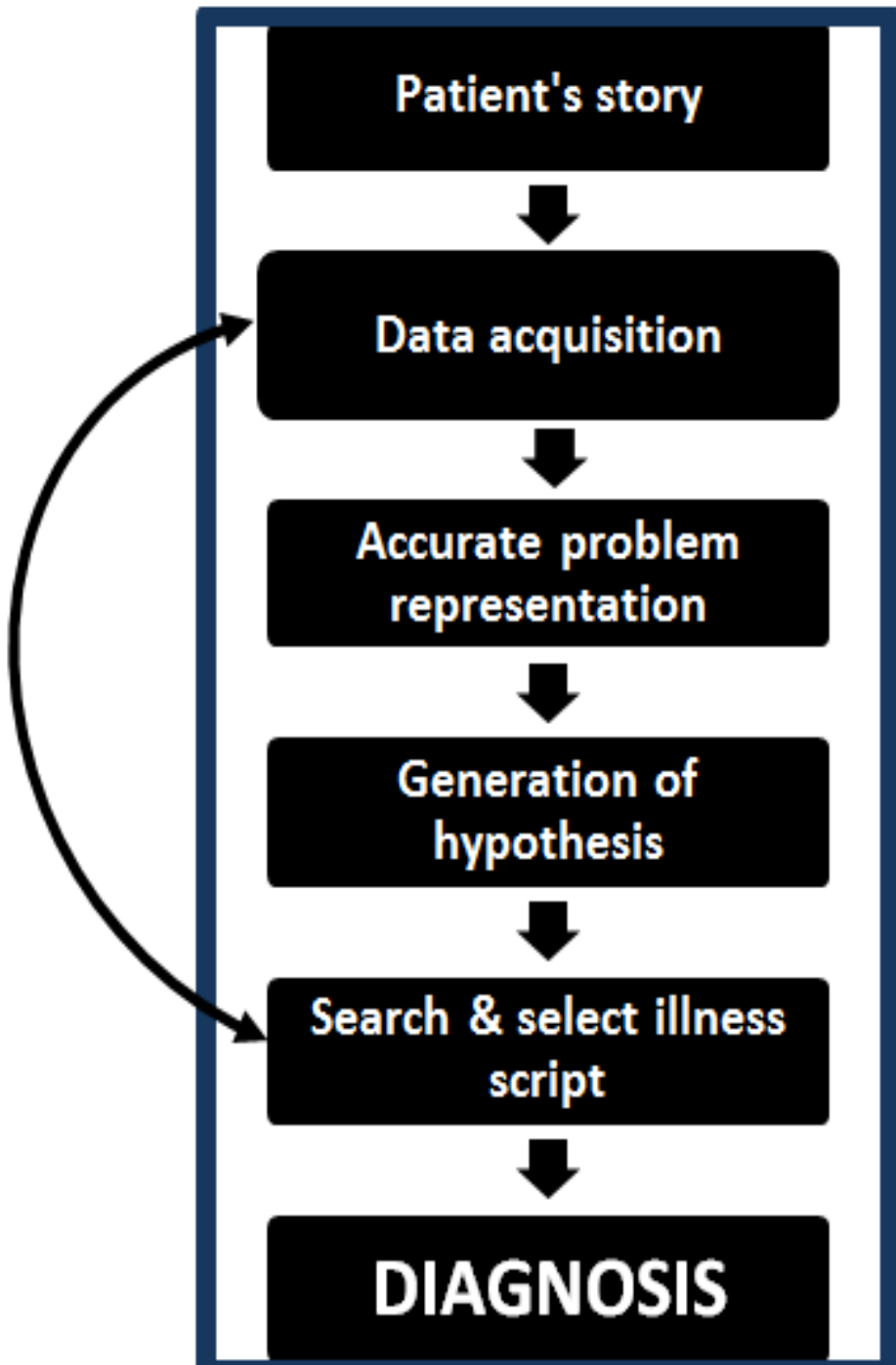
2. RAWATAN

Apa UBAT & PELAN RAWATAN lanjut?

3. PROGNOSIS

Bila boleh SEMBUH?






PROSES PEMBUATAN KEPUTUSAN KLINIKAL

Bowen JL. *Educational strategies to promote clinical diagnostic reasoning.* N Eng J Med. 2006;355:2217-2225.

MENGAPA pesakit perlu tahu bagaimana doktor berfikir?

- **Mudah bekerjasama** dengan doktor yang merawat
- Memberi **maklumat tepat** mengenai gejala penyakit yang dihadapi
- Membantu doktor mencapai **diagnosis yang betul** dan memilih **rawatan yang berkesan**



A healthcare professional in a white coat is sitting at the side of a hospital bed, talking to an elderly patient. The patient is lying in the bed, which has blue pillows and a teal blanket. The healthcare professional is holding a clipboard and a pen, and appears to be taking notes or discussing the patient's condition. The background is a plain, light-colored wall.

**PROSES
PEMBUATAN
KEPUTUSAN @
PENAAKULAN
KLINIKAL**

LANGKAH (1)

**DAPATKAN MAKLUMAT
PENTING MENGENAI
SEJARAH PENYAKIT**



SAKIT!!!

MAKLUMAT DARI PESAKIT YANG DOKTOR PERLU TAHU



- Tempat sakit – kat bahagian mana?
- Sejak bila?
- Bertambah kuat @ makin reda?
- Berterusan @ datang & pergi?
- Setempat @ merebak?
- Ada gejala lain – demam, muntah, rasa pitam, sesak nafas, berpeluh-peluh dll?

SUKAR BERNAFAS!!

MAKLUMAT DARI PESAKIT YANG DOKTOR PERLU TAHU

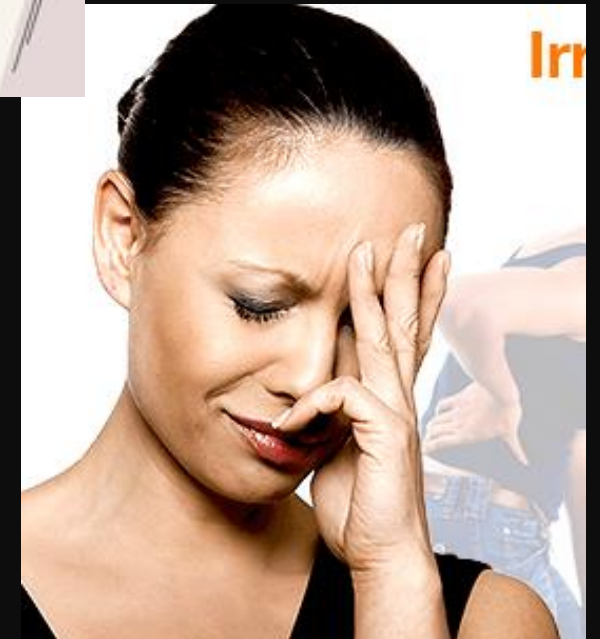
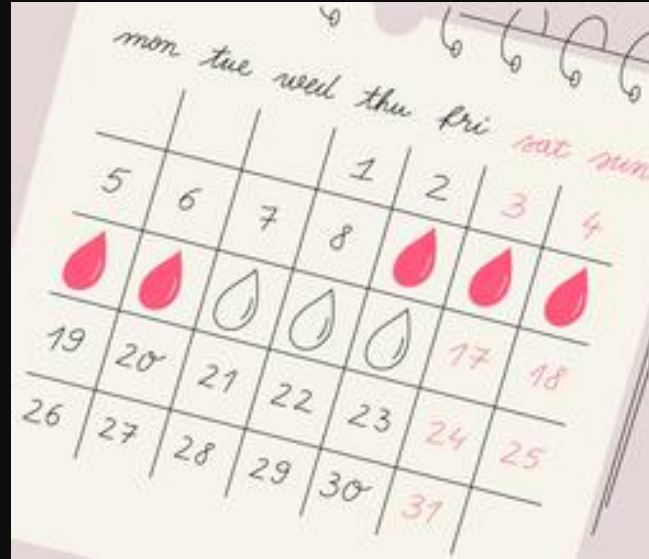
- Ada sejarah penyakit asma?
- Sejak bila?
- Nafas berbunyi?
- Ada batuk & selsema? Demam?
- Ada sejarah alergik?
- Kontak rapat dengan pesakit COVID19?



HAID TIDAK TERATUR!!

MAKLUMAT DARI PESAKIT YANG DOKTOR PERLU TAHU

- Usia bila haid pertama datang?
- Bila tarikh haid terakhir?
- Kebiasaan haid datang berapa hari?
- Kuantiti darah haid? Banyak berketul2? Berapa keeping yuala wanita diguna sehari semalam?
- Ada senggugut?
- Pernah mengadakan hubungan kelamin?



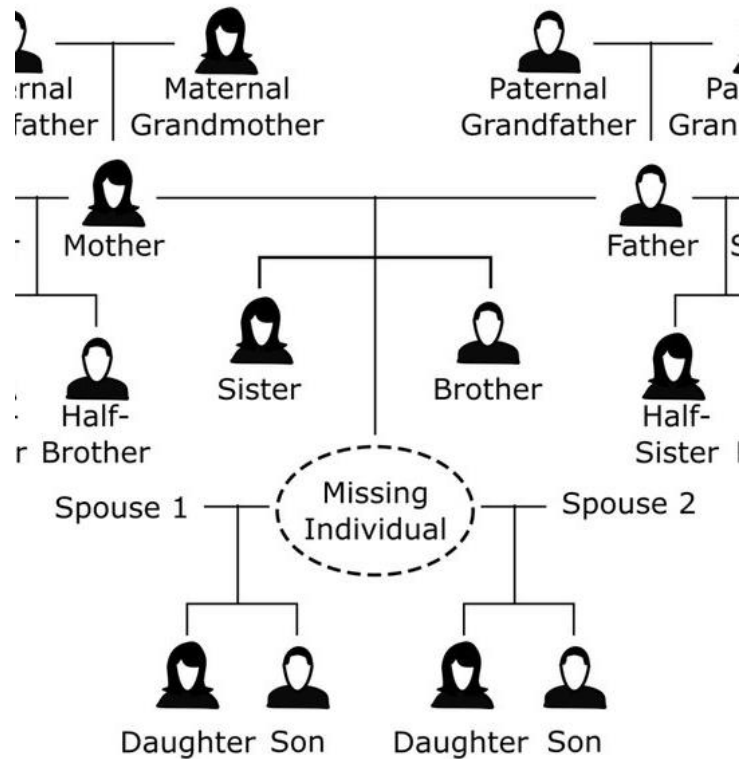


BENGGKAK!

MAKLUMAT DARI PESAKIT YANG DOKTOR PERLU TAHU

- Bahagian mana badan yang bengkak?
- Anggaran saiz ? Membesar @ kekal sama?
- Ada rasa sakit di bahagian yang bengkak?
- Mengganggu pergerakan @ fungsi utama bahagian yang terbabit?
- Ada demam, hilang selera makan, penurunan berat badan?

MAKLUMAT LAIN MENGENAI PESAKIT



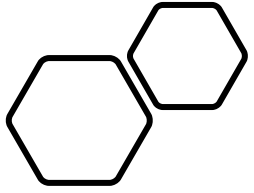
- Sejarah perubatan & pembedahan
- Sejarah pengambilan ubat
- Sejarah kesihatan keluarga & penyakit keturunan
- Profil sosial dan status ekonomi



**PROSES PEMBUATAN KEPUTUSAN
@ PENAAKULAN KLINIKAL**

LANGKAH (2)

**DAPATKAN MAKLUMAT PENTING
MENGENAI TANDA₂ PENYAKIT**

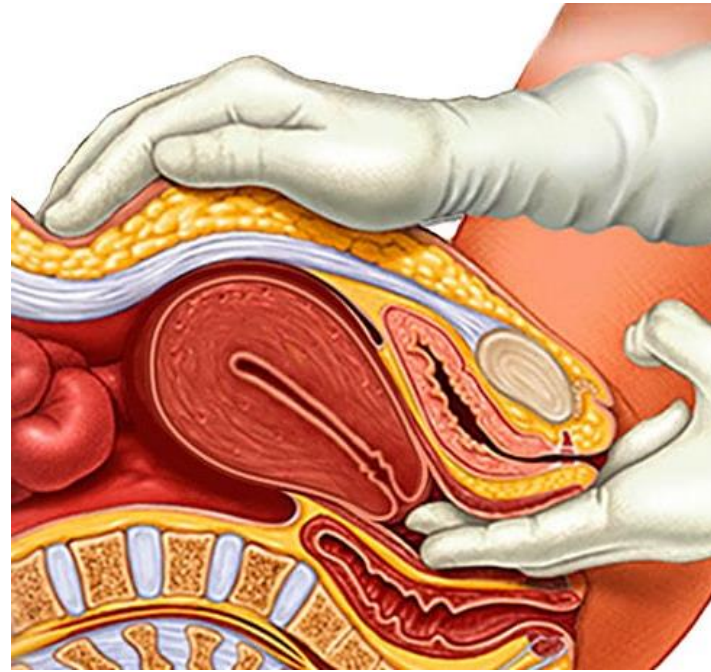
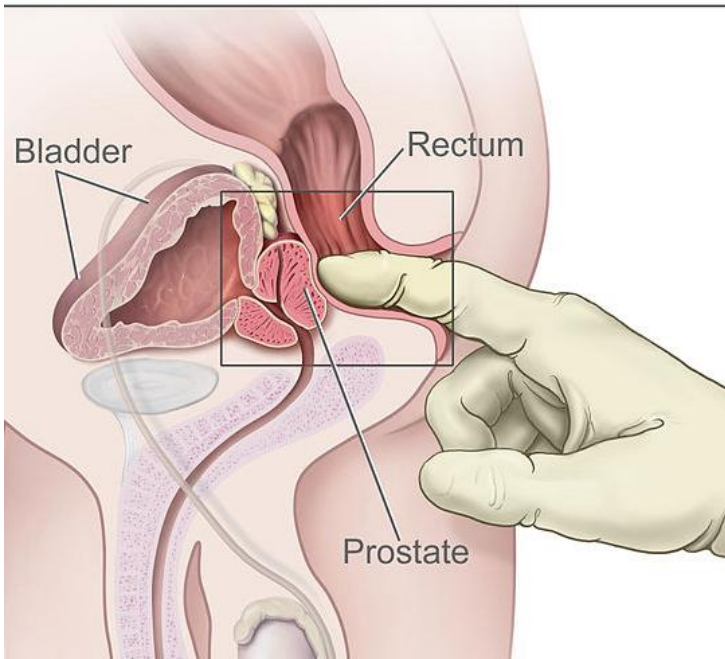


PEMERIKSAAN KLINIKAL

- Pemeriksaan sistem @ organ tubuh badan
 - Pemerhatian (*Observation*)
 - Pegang dan rasa (*Palpation*)
 - Dengar (*Auscultation*)
 - Perkusi (*Percussion*)



PEMERIKSAAN KLINIKAL



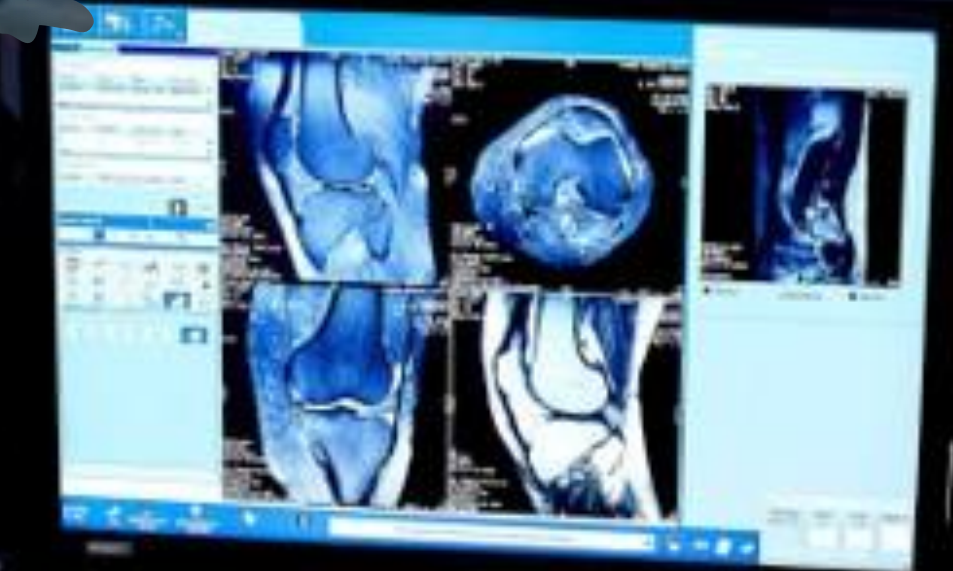
- Pemeriksaan vagina (VE)
- Pemeriksaan per-
rektal (PR)

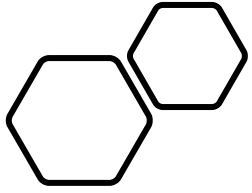
PROSES PEMBUATAN KEPUTUSAN @ PENAAKULAN KLINIKAL

LANGKAH (3)

DAPATKAN MAKLUMAT LANJUT
MENGENAI PENYAKIT

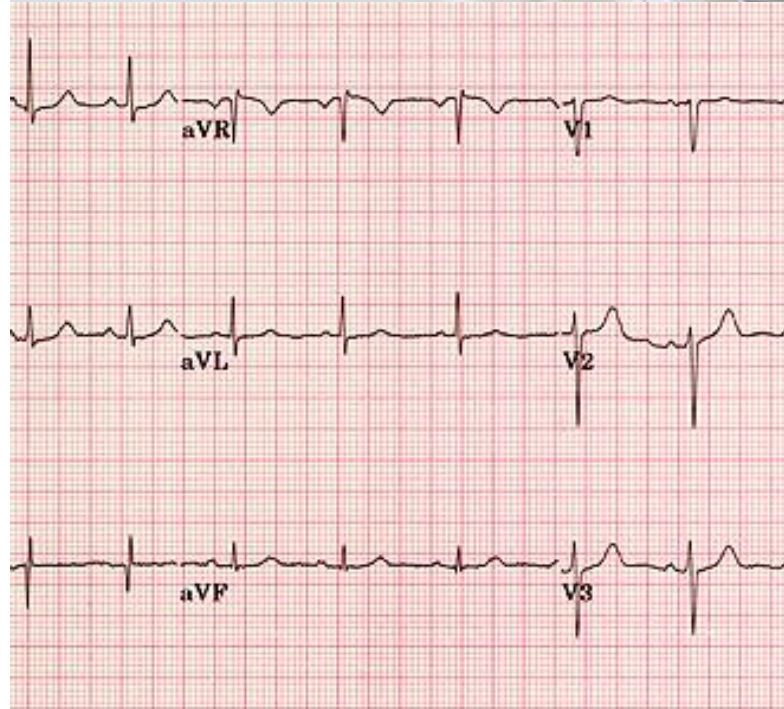
HASIL PENYIASATAN :
UJIAN MAKMAL &
PENGIMBASAN





UJIAN MAKMAL

- Ujian cecair badan – darah, kahak, urin, najis, cecair otak, air tulang belakang dll
- Ujian makmal – ECG, EEG, EMG, Stress Test dll
- Pengimbasan – X-ray, CT Scan, MRI dll



PROSES PEMBUATAN KEPUTUSAN @ PENAAKULAN KLINIKAL

LANGKAH (4)

**MENENTUKAN PELAN
RAWATAN TERBAIK :
MENYEMBUHKAN,
MENGHALANG
KECACATAN KEKAL &
MENINGKATKAN KUALITI
KEHIDUPAN PESAKIT**



Perjalanan Akademik & Kerjaya seorang Pengamal Perubatan



**Pelajar perubatan
(5-6 tahun)**



**Pegawai perubatan
siswazah (2 tahun)**

**Pegawai perubatan
(2-3 tahun)**



Pelath pakar (4-5 tahun)



Pakar Perunding Kanan



Pakar Klinikal

Bagaimana Pesakit boleh Membantu Doktor mereka?

NARRATIVE REVIEW



OPEN ACCESS

The patient is in: patient involvement strategies for diagnostic error mitigation

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ABSTRACT

Although healthcare quality and patient safety have longstanding international attention, the target of reducing diagnostic errors has only recently gained prominence, even though numerous patients, families and professional caregivers have suffered from diagnostic mishaps for a long time. Similarly, patients have always been involved in their own care to some extent, but only recently have patients sought more

problems that patients could potentially mitigate under some circumstances, but certainly not all. For example, in a retrospective study of patients who experienced delays in diagnosis for colorectal cancer, about one-third experienced an average of 5.3 diagnostic process breakdowns, including missed appointments for diagnostic tests without apparent provider awareness.²¹ Among 587 patients

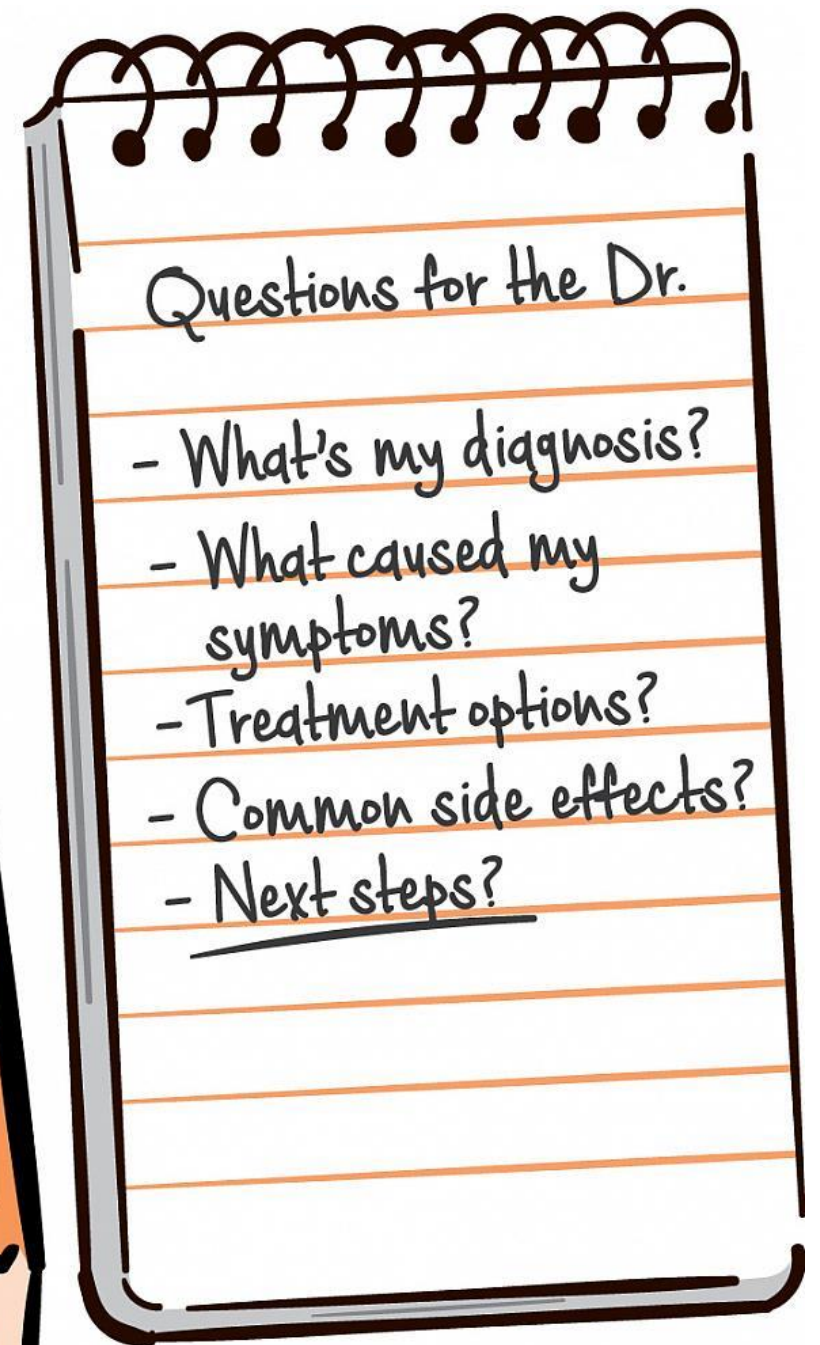
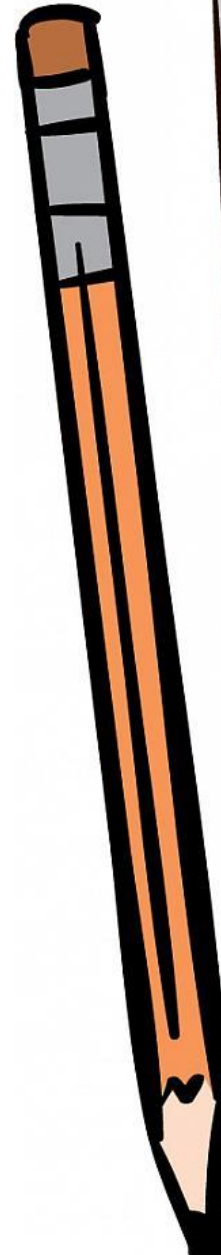
Box 2 Patient/family tactics for preventing and detecting diagnostic errors

- ▶ Tell your story well (careful communication)
- ▶ Be a good historian (attention to timing detail)
- ▶ Be a good record keeper (attention to documentation)
- ▶ Be an informed consumer (awareness)
- ▶ Facilitate communication and coordination among different people involved in care
- ▶ Ensure test results are known
- ▶ Ensure follow-up (do not assume no news is good news)
- ▶ Encourage your doctors to think broadly
- ▶ Understand uncertainty in diagnosis (assume you have a 'working diagnosis' that may change)

Sources: Adapted in part from Graber,³⁷ and synthesis generated by authors from the Diagnostic Errors in Medicine Conference²⁴

SOALAN KEPADA DOKTOR ANDA :

- Apakah diagnosis penyakit saya?
- Apakah yang menyebabkan gejala yang sedang saya hadapi?
- Adakah penyakit lain yang boleh menyamai penyakit yang doktor nyatakan tadi?
- Apakah pilihan rawatan yang ada?
- Apakah perancangan doktor seterusnya?





**BANTU KAMI
UNTUK
MEMBANTU
ANDA!**

Terima kasih