

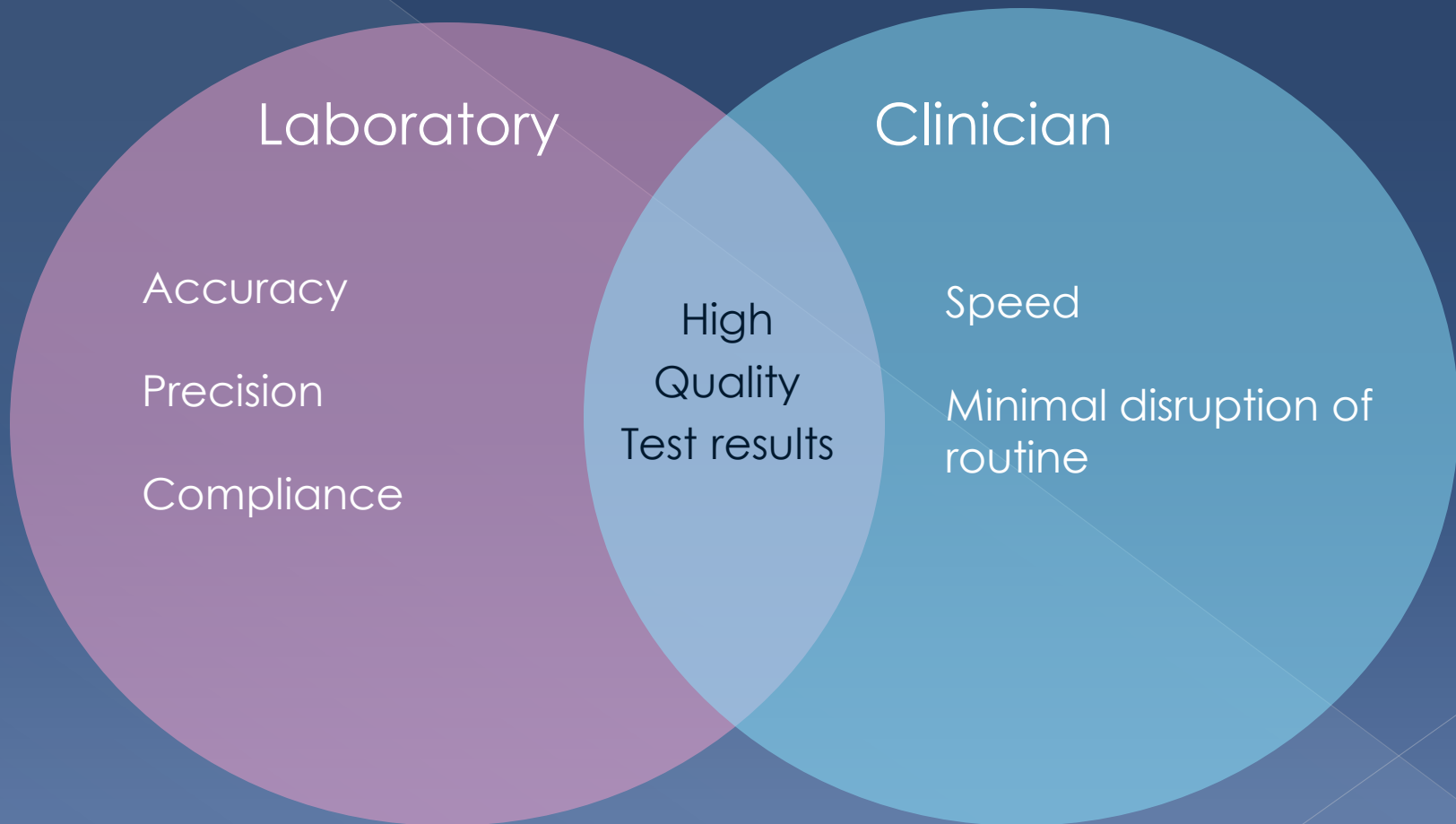
# Clinician Versus Laboratorian: Conflict or Collaboration?

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# Health Care Goals

- ◎ Laboratory
  - > Optimized patient care
  
- ◎ Clinician
  - > Optimized patient care

# How do we get there?



# The Result?



# Accuracy / Precision

- Clinician

- > If a number is reported, it is correct

- Laboratory

- > Evaluation performed before putting a test into clinical use
- > Each result evaluated
- > Limitations and interferences evaluated
- > Reevaluated regularly to ensure appropriate performance

# Resolution

## ● Collaboration

- > Train caregiver on limitations and potential interferences
- > Discuss need to evaluate results based on patient presentation

# Speed

- ◎ Clinician
  - > Implement POC for everything
- ◎ Laboratory
  - > Evaluate TAT, Lab process
    - Would changes answer clinician needs?
  - > Implement POC as needed
    - If result not acted upon immediately, no need for POC
    - Workflow changes may be needed to optimize POC implementation

# Resolution

## ◎ Collaboration

### > What?

- Evaluation of request for specific POC test
  - Formal process

### > Why?

- Need the result now
- Salesman was convincing
- Require evidence of clinical need

### > Who?

### > When?

### > How?



# Resolution

## ◎ Collaboration

- > What?
  - Lab and clinicians working together
  - ad hoc or standing committee
- > Why?
- > Who?
  - Defined timelines
- > When?
  - Studies, P&P, training, etc.
- > How?

# How: the nitty gritty

## ○ Studies

- > Accuracy / precision
  - Lab or operators?
  - Include ease of use evaluation?

## ○ P & P

- > Lab to draft
- > Clinician to revise
- > IQCP?
  - Lab template completed by group?

## ○ Training

- > Key clinical caveats

# Minimal Disruption of Routine

- QC, Proficiency testing and competency take time from patient care
- Is there value?
  - > other than compliance
- Why should I, the clinician, bother?

# Compliance

- ◉ Maintain high quality testing
- ◉ Requires clinician time
- ◉ Substantiate need through risk analysis

# Use Risk Assessment

- Direct correlation of quality test results and improved patient care
- Include clinician in the assessment
  - > How wrong is clinically wrong?
  - > What clinical presentation might indicate an erroneous result
  - > How can risks be mitigated?
- Demonstrate appreciation for clinician expertise

# Use Risk Assessment (2)

- Demonstrate risk reduction through quality practices
  - QC mitigates risk of erroneous result (hopefully)
- Step by step evaluation of risk reduction through training and competency assessment
- There are reasons for interruptions of routine
  - Alter workflow to minimize disruption

# Communication is the Key

- Reduce conflict and stress
  - > Discussion rather than confrontation
- Develop people who want to help
  - > Respect for expertise works both ways
- Encourage consistent operator compliance
  - > Increased accuracy of POCT

# Communication=Collaboration

- ◎ Foster more willing compromise
  - > Mutual respect reduces confrontation
- ◎ Stimulate open and direct discussions
  - > Easier to cooperate with someone who listens
- ◎ Produce faster solutions to challenges
  - > Expertise from both approaches



# Bringing it all together



# Results

High Quality Testing

+

Compliant Program

+

Content Clinicians

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# Improved Patient Care



# Thank You

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