Clinical governance: fifteen pillars of excellence

Topics such as "clinical excellence", "patient safety" and "clinical governance" have been to the fore in recent years to encourage high standards of clinical practice, with organizations devoted to such efforts.

Current systems for assessing clinical excellence appear to focus narrowly on a limited number of domains of activity, and there is a need for a more embracing and more translational view that is easier to implement in practice. A novel schematic framework views clinical excellence in terms of 15 "pillars of excellence" in three categories:

**Technical pillars**

1. evidence-based thinking and practice;
2. professional and peer accreditation;
3. decision support systems;
4. effectiveness and efficiency;
5. learning and risk management.

**Personal pillars**

1. interpersonal skills;
2. collaboration and leadership;
3. resilience and stress management;
4. user involvement;
5. moral principles.

**Future pillars**

1. policy and succession planning;
2. teaching and training;
3. innovation;
4. research and publications;
5. income-resource generation.

**Technical pillars**

**Evidence-based thinking and practice**

The effectiveness of evidence-based practice will only be as good as the evidence on which it is based. Whatever the quality, amount and relevance of the evidence, its maximum benefits may only be manifest when it is applied by an experienced and knowledgeable health care worker.

Implementation of evidence-based practice needs to take into account patient's preferences and patient compliance in relation to investigative or treatment procedures, and any organizational changes that may need to occur for such practice to flourish. Finally, evidence-based practice itself needs to be subject to the rigours of evidence-based analysis, with findings from appropriate controlled trials.
Professional and peer accreditation

In the context of clinical services, there are many different types of review. It is already commonplace in some countries, such as Holland, to have external peer reviews with the aim of improving clinical practice and having consistently high standards across health care providers.

Peer review by colleagues in one's field should be regarded not as a threat, but as a welcome addition to the armamentarium of the clinician in his/her search for optimal patient care and for the truth in areas of clinical controversy, and has parallels in the search for truth in other settings, such as medicolegal practice.

Decision support systems

Decision support systems vary from simply using commercial search engines such as Google to using dedicated medical databases, database-support systems, use of health information technology, flow-charts with computerized support, guideline-based reminder systems and expert systems with their own algorithmic formulae to suggest possible diagnoses.

Decision support systems apply both to diagnostic and treatment scenarios, though diagnostic settings have tended to be the most frequent focus of concern. Computer-based decision support systems that are evidence-based have been found useful in cancer care and may usefully be extended to other clinical domains.

Effectiveness and efficiency

There is increasing pressure on health care providers to measure effectiveness and efficiency of health care. Outcome measures should include the extent to which the patient can independently and successfully participate in everyday activities that he/she was able to enjoy prior to the illness/injury.

Other important outcome measures include the degree of stress experienced by the patient, the well-being of family members who have to interact with the patient, and how satisfied patients and families are of the experience emanating from the clinical interventions that have taken place. Patient reported outcome measures (PROMs) have in initial trials been shown to be useful measures of the effectiveness of certain treatments.

Learning and risk management

There are three main forms of learning that are relevant in health care settings:

1. learning from experience, and thus not repeating mistakes;
2. learning a new set of skills that can be used in routine or emergency clinical settings; and
3. acquiring new sets of factual knowledge that may help to inform clinical decision making and procedural competence.

In parts of the National Health Service, there is a “knowledge and skills framework” that encourages the development of key skills and knowledge to form the basis of effective health care delivery.

Risk detection and reduction should apply the principles of preventative medicine to clinical settings such that the potential for errors is realized and steps taken to ensure that they do not occur. Error analysis and prevention not only apply to health care providers, but also to patients who receive care.
Personal pillars

Interpersonal skills

Interpersonal skills range from the ability to communicate well with patients and colleagues, to expertise in handling social and emotional aspects of human interaction. Errors in health care settings often result from misunderstandings that arise between staff, and between staff and patients, and these in turn frequently arise from poor communication.

While some settings, such as operating theatres and intensive care units, lend themselves to careful scrutiny of communication failures, it is important to consider communication in wider contexts, since lapses are even more likely to occur where the relevant parties are not physically present.

Collaboration and leadership

Most health care activities are becoming more multi-disciplinary in nature, due in part to the increasingly specialized and technical nature of medical science. Issues relating to team working and leadership have therefore become more important in clinical care settings. It is incumbent on clinicians and other health care professionals to understand better the nature of working within a team and, in particular, which factors lead to team success and failure.

Team working should not only ensure that "joined-up thinking" occurs between team members, but also that strong and effective leadership is provided by the head of the team, with adherence to key principles and constancy of purpose, especially during times of reform and uncertainty.

Resilience and stress management

The ability to be able to deal with stressful situations, to persevere in spite of a number of potentially stressful events, and to manage stress constructively are important qualities for a health care professional. Key features of "physician resilience" include:

* the ability to prioritize work activities;
* having well-structured work routines;
* having peer support mechanisms in place;
* ensuring good work-life balance;
* being aware and reflective of one’s strengths and limitations;
* having core values, a degree of optimism and an altruistic frame of mind;
* maintaining a sense of humour; and
* an element of acceptance and forgiveness of oneself and others.

At the individual level, having personal support networks is also important, especially in dealing with crisis situations.

User involvement

In the UK, there have been several initiatives to promote greater involvement of patients in the health care they receive, such as the expert patients programme and the NHS Centre for Involvement. Referring clinicians, managers, governments and other bodies could also be seen to be indirect users of a clinical service.

Patients and their families should be given every opportunity to comment on their care in a health service, and there is evidence that in some situations feedback from at least 50 patients would be of value in gauging satisfaction.
Moral principles

In the goal-driven and competitive environment of many health care settings, it is easy to forgo moral principles, such as the key Gandhian principles of truth and compassion. Such principles need to be strictly followed in dealings with both patients and colleagues, even if this involves a degree of self-sacrifice, personal distress or loss of self-esteem.

In current times, there is perhaps more pressure to think of goals and targets, rather than the means used to attain these goals and targets, and thus a temptation to forgo high moral standards in the process. Having an ‘ethical compass’ and key values is critical in order to survive the challenges of modern health care environments.

Future pillars

Policy and succession planning

Forward policy planning may not be among the immediate concerns of more junior health professionals, but it is a skill that will be in demand in the later stages of his/her career. The ability to predict developments that will impact on health care practice, and to make necessary preparations in advance, is a key skill that needs to be nurtured and supported.

There is an increasing realization in health care systems of the importance of succession planning so that there are no major, unexpected gaps in a service when someone retires, etc. Succession planning incorporates a wide variety of activities, from teaching juniors about all the technical and managerial skills involved in performing certain tasks, to writing books and papers that convey lessons learned.

Teaching and training

In this age of globalization, teaching and training should cross national boundaries. Telemedicine has opened up new opportunities for sharing knowledge and skills with others at considerable distance from the base unit. While many health care units in the west have informal links with those in developing countries, the concept of twinning hospitals is worth considering.

An important component of knowledge sharing that is often ignored is educating the public about health-related issues. The advent of the World-Wide-Web places clinicians in a unique position whereby they can bring positive influences to those who receive their health care.

Innovation

Progress comes through innovation, and specifically through development of new knowledge, procedures and treatments. How to nurture and to reward creativity in health care staff, while at the same time ensuring high standards of clinical care, remains a challenge, especially in the present environment of business-oriented medicine.

Joint academic-clinical appointments remain a defence against the decline of creativity in health care, but there also needs to be a culture where research and innovation are welcomed and rewarded, with as few bureaucratic obstacles as possible.

Research and publications

While research skills may seem to be the providence of those with academic-clinical appointments, it is important to note that many of the greatest discoveries in medicine were based on the ability to make acute and astute observations, and to draw clinically relevant conclusions from such observations.

Research skills and competencies should be rewarded in health care professionals, especially where these have been acquired on the initiative of the individual involved.
Observations and discoveries are of little value unless they are written up for others and for future generations to learn about.

**Income-resource generation**

The ability to generate income and to attract resources, such as grants and collaboration with industry, has seldom been perceived as a distinctive skill for professionals in clinical practice to acquire, but it could be argued that it is all the more important in today's age of resource-stretched health care systems.

Skills and success in generating income and resources need to be acknowledged and rewarded, but need also to be set in the context of ethical principles and what is in the best interests of patient care and scientific progress.

**A critical attitude in medicine**

Around 25 years ago, a Professor of Medicine, Neil McIntyre, and the philosopher, Sir Karl Popper, joined forces to eloquently plead for a 'critical attitude in medicine: the need for a new ethics'. The pillars of excellence outlined above should help to provide a stimulus and a distinctive framework that encourages a critical attitude and a new ethics in medicine.

This schematic framework may be useful as a personal aide-memoire for clinicians in their professional activities, and may additionally serve as a pragmatic guide for both individual and organizational appraisal, accreditation, revalidation and reward systems. The framework may also be useful as a teaching tool for conveying principles relating to quality of care, not only to medical students but also to a range of health professionals.

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The author is Narinder Kapur, consultant neuropsychologist at Addenbrooke's Hospital, Cambridge, UK