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| **Category** | **Your Training Culture** | **Cultural Norms** | **Hospital Accreditation Standard** | **Your Practice Plans** |
| History and Physical |  | Full physical and selected history performed on admission; focused history as needed afterward | All items on the hospital charts should be filled |  |
| Diagnosis |  | Diagnosis is necessary, but often a vague diagnosis such as “sepsis” can confuse the plan or prevent further workup | Staff are challenged to find a logical diagnosis for all symptoms and update diagnosis as more information is available |  |
| Workup |  | Diagnostic tests are ordered according to provider preference, sometimes with consideration to what the patient can pay for | Providers balance diagnostic necessity with affordable cost to patient |  |
| Health Information |  | Patients are more interested in a doctor telling them what they need to do to get better than why they got sick in the first place | Provider is expected to explain diagnosis and plan to patient |  |
| Treatment |  | Follow standard treatments; it is better to give multiple medications at once to cover multiple potential diagnoses so the patient won’t need come back | Only medications indicated for condition should be given; provider should be aware of medication contra-indications |  |
| Compliance |  | A patient will agree with a doctor in the clinic even if they plan to go home and do the exact opposite later. | Ask patients what they plan to do when they return home |  |
| Documentation |  | Notes in a paper health passport for outpatients and weekday notes in chart for inpatient | Notes should be daily, legible and reflect what the next provider should know |  |
| Personnel |  | Whoever is available should see the patient, few patients will insist on second opinions or consultants to see them; asking for help is not always a routine part of teamwork | Respect all members of clinical staff and offer to assist wherever there is perceived need |  |
| Care |  | Patients are evaluated after a long wait in outpatient clinics and during weekdays on inpatient wards | Work with the team to improve flow and care for all patients every day |  |
| Health seeking |  | Patients wait to present until the condition is severe; patients will go to a different hospital if they are unsatisfied with care or diagnosis at another hospital | Remind patients to present early next time, even if it is to a free nearby health center |  |
| Cure |  | Patients want to be cured; they do not expect to come back multiple times for the same problem | Remind patients that some conditions are complicated and may require multiple visits |  |
| Prevention |  | Patients will not come to visits or take medications for problems that do not currently present symptoms; NCD screening is done rarely | Encourage patients to understand asymptomatic progression of disease and follow up to NCD clinics |  |
| Prognosis |  | A provider should never tell a patient that they are going to die. Maintain hope until the moment that they die, then inform the family | Discuss with the team how to break portions of the bad news early based on family readiness and using chaplains |  |