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OFFICIAL ORGAN OF DELHI STATE BRANCH INDIAN MEDICAL ASSOCIATION

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DOCUMENTATION IMPORTANCE

Clinical record keeping is an integral component in good professional practice and the delivery of quality healthcare. Regardless of the form of the records (i.e. electronic or paper), good clinical record keeping should enable continuity of care and should enhance communication between different healthcare professionals. Consequently, clinical records should be updated, by all members of the multidisciplinary team that are involved in a patient's care (physicians, surgeons, nurses, physiotherapists, occupational therapists, psychologists).

Good clinical notes document the medical history of the patient. By documenting all relevant clinical information you are recording this information for future reference. Continuity in clinical notes is of vital importance to patient care as, in the current medical environment, many different healthcare professionals are involved in the treatment of a single patient.

Importance of medical records

- Facilitate good care
- Allow a subsequent caregiver to understand the patient's condition and the basis for the current investigations or treatments
- Provide a method of communicating with other team members
- Satisfy legal and ethical obligations.
- Act as evidence: if your care is later questioned, it shows events as they happened.

What to document- Clinical Notes, Discharge Summaries, OPD Record

Clinical notes do not need to be exhaustive:

- Patient, information, date and time
- Relevant history and physical findings
 - ◆ Positive findings
 - ◆ Important negative findings
- Conclusions
 - ◆ Working, differential, and final diagnosis
- Plan of action
 - ◆ Investigations, consultations, treatment, follow-up
 - ◆ Rationale for the plan
- Information given to patient (or substitute decision maker [SDM])
 - ◆ Verbal or written instructions
- Questions asked and responses given
- Apparent understanding, consent
 - ◆ Any disagreement or refusal of care
- Name, Signature, Designation

Discharge summaries

At discharge, it is important to document the following:

- The course in hospital, including treatments and complications or intercurrent problems
 - ◆ Who was consulted and actions taken in response
 - ◆ Investigations done and actions taken
- Investigations

- ◆ With results pending
- ◆ To be done after discharge and who is responsible for ordering these
- ◆ Who will be responsible for follow-up of those results
- Follow-up plans
 - ◆ What, when, who
 - ◆ Discharge instructions
- Action taken to make relevant persons aware of the plans

Outpatient Records

Brief clinical findings, Investigations-Advise/Report, Provisional diagnosis/confirmed diagnosis, Treatment, Any Instructions, Follow up, Try to keep a duplicate copy.

Problems and pitfalls - Informal interactions, Correcting the medical records.

Informal interactions

Information given or received by telephone without documenting it is often forgotten, but can be vital to both patient and doctor.

Similarly, informal discussion (for example in the corridor) may lead to a decision to do or not do something. If there is an adverse outcome, the reason for that decision may be questioned. If there are no notes, it is likely the details will be forgotten.

Correcting the medical record

There are times when information is entered incorrectly - Corrections can be made, but must be done properly to avoid an appearance of deliberate falsification.

- Cross out incorrect information with a single line, date and initial it.
- The original information should still be legible.
- Write the correction and the date you write it.

- If there have been subsequent notes, place the correction after the latest, date it, note the date of the notation being corrected and include the reason for the correction.

NEVER make a correction or change an entry after learning of a complaint or legal action.

How to Improve Documentation

1. Write legibly
2. Date, time and sign every entry
3. Make entries immediately or soon after care is given
4. Be thorough, accurate and objective
5. Only used approved abbreviations
6. Avoid unnecessary comments
7. Do not alter a entry

Basic do's and don'ts in clinical record entries

Do	Do not
Write legibly	Use abbreviations
Timed entries	Make offensive, humorous or personal comments
Sign after every entry	Use ambiguous terms
Make Entries immediately	Delete or alter the contents of clinical notes in a way that is untrackable
Make objective comments	
Document oral communications (phone calls, in person conversations etc) and actions taken	
Document informed consent.	
Document any noncompliance	

BE A CHAMPION! KNOCK OUT DENGUE CALL 10 FRIENDS

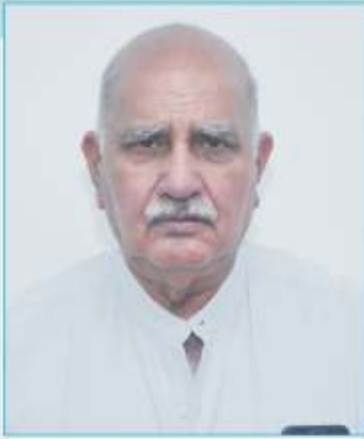


My dear Delhi-ites,
To be a champion you have to defeat Dengue,
and help others as well. Apart from inspecting their own home, every
champion will have to call 10 of their friends and relatives. And
remind them to inspect their homes to crumb the menace of Dengue.
Are you ready to be a champion?



You have to check your home for clean, stagnant water. Check inside flowerpots, coolers, vases and everywhere around your house. If you find stagnant water anywhere either pour it away, replace it or add some oil/petrol into it.

दिल्ली कर दिरवाएगी



Hony State Secretary's Pen...

Dear friends,

For the past ten years, the number of dengue cases has gradually increased in India. Dengue is driven by complex interactions among host, vector and virus that are influenced by climatic factors. In the present study, we focused on the extrinsic incubation period (EIP) and its variability in different climatic zones of India.. In addition, a significant association between dengue cases and precipitation was also observed. The results suggest that temperature is important in virus development in different climatic regions and may be useful in understanding spatio-temporal variations in dengue risk. Climate-based disease forecasting models in India should be refined and tailored for different climatic zones, instead of use of a standard model.

Dengue, chikungunya and malaria cases are rising in Delhi, and the situation may turn worse in the coming weeks. Weather and climatic changes contribute to these cases. The first week of September saw 30 dengue cases, taking this season's number to 122. In August, 52 cases were reported. Of the 202 malaria cases, 48 were reported in the first week of September. There were 56 cases in August, 54 in July, 35 in June, 8 in May and just one in April.

Dengue, chikungunya and malaria wreak havoc in the city every year between July and November. Residents complain that authorities have failed to keep many drains unclogged that has triggered a sudden surge in the mosquito population. Experts say *Aedes aegypti* breed in fresh standing water and transmit dengue and chikungunya.

Recently Delhi Government has announced a massive campaign against mosquito-borne diseases like dengue and chikungunya that will involve the wide participation of people of the capital in preventing the spread of mosquito-borne diseases.

On behalf of members of Delhi Medical Association we will fight against mosquito bite and give full support to the government in this noble cause and create awareness among the general

public.

Do's and Don'ts for Preventing Dengue fever

- Prevent entry of mosquitoes by installing screens on windows
- Use mosquito repellants like creams, mats and coils.
- Dengue carrying mosquitoes have black and white stripes and bite mostly on the knees, legs, neck and ears. Therefore, protect against mosquito bites in these areas..
- Wear full-sleeved clothes
- Eliminate all mosquito breeding sites and prevent water-logging in surroundings
- Use mosquito nets on beds while
- Clean water coolers and water tanks frequently and keep all water resources fully covered.
- Dengue mosquitoes can breed only in clean water not in dirty water. Therefore, regularly clean your water storage containers.

Create awareness about the spread of dengue

- in your locality.
- Educate children on dengue symptoms and keep a close watch on their activities.
- Do not accumulate old tyres, water tanks, tubes, plastic containers, etc. as they act as breeding grounds for the mosquitoes.
- Do not allow children to wear short-sleeved clothes and play in water puddles and stagnant water bodies.
- Do not assume symptoms and self-medicate
- Do not use alternative medicines that are advertised as they are not backed by medical research.
- Do not keep water containers open as they can attract mosquitoes to breed.

Do's and Don'ts for Managing Dengue fever

- Closely observe symptoms as they develop once infected with the dengue virus.
- Always see a doctor immediately if dengue symptoms are suspected and do a dengue diagnosis test.
- Patients must intake lots of fluids regularly to stay hydrated as dengue causes dehydration.
- Loss of plasma cells is one of the prominent symptoms of dengue. Eat [immunity-boosting](#) fruits, and drink fruit juices rich in Vitamin C.
- Dengue patients must be kept isolated and monitored continuously. If symptoms worsen they should be taken to a nearby hospital immediately.
- Drugs such as paracetamol for fever must only be given to patients only if a doctor prescribes it.
- Spray aerosols during day time to keep the mosquitoes away.

Dr. Arvind Chopra

Hony. State Secretary



DMA FIRST PHOTO DIRECTORY

As you are aware that Delhi Medical Association is going to publish its FIRST PHOTO DIRECTORY 2019 for its members.

To reach out more and more members DMA took an initiative and launched online facility (on your computer as well as on mobile) to fill up/check/update your proforma and upload your photograph. It will save your time & money too.

STEPS TO FILL UP ONLINE DIRECTORY PROFORMA

1. Go to DMA website – www.delhimedicalassociation.com
2. You will see DMA DIRECTORY PROFORMA on the top (right hand side)
3. Click on button - Online DMA Directory Proforma.
4. Provide your Branch number and name or mobile number.
5. You will get option to receive OTP on same mobile to verify OR you can send request to update your mobile number to get OTP.
6. Once OTP received, you may proceed to update your details and upload your photograph for the DMA Directory and submit the form.

For any query/clarification, please email at :

admin@onlinew2i.com or call

at 9971212747-Sudhir Kumar

Dr. Girish Tyagi
President

Dr. Arvind Chopra
Hony. State Secretary

Dr. Ashwini Dalmiya
Chairman Directory Committee



DMA CLUB

organizes

Kavya Goshthi

at

DMA Daryaganj

on

Saturday 28th September 2019

at 2.30 pm onwards.

*Poets and Poetry lovers are
cordially invited to recite poems.*

Useful tips will be provided by eminent poets.

*The goshthi will be preceded by lunch
at 1.30 pm.*

Dr T S Daral

Dr N K Gupta

Dr Girish Tyagi

Dr Arvind Chopra



FIRST DMA PHOTO DIRECTORY PROFORMA 2019



Dear Members,

We are pleased to inform you that Delhi Medical Association is going to publish its First DMA Photo Directory 2019 along with DMA Photo ID Card for the members of Delhi Medical Association. You are requested to fill the Proforma (Both for Directory and DMA ID) and send it to DMA office along with your latest photograph. The nominal charge for the Photo ID card is Rs. 140/- . **Send cash/cheque in favour of "DELHI MEDICAL ASSOCIATION".**



(Surname)

(First Name)

(Middle Name)

Name

DMA Membership No. DMC No.

Date of Birth Marriage Anniversary

Blood Group

Educational Qualification

Name of College(MBBS)

University

Speciality

Year of Joining (MBBS)

Residential Address

Clinic Address

Mobile 1. 2.

Landline Res..... Clinic.....

E Mail

Spouse (Dr./Mr./Ms) Spouse DMA No.

Dr. Girish Tyagi
President
M: 9868116491

Dr. Arvind Chopra
Hony. State Secretary
M: 9910515062

Dr. Ashwini Dalmiya
Chairman, Directory Committee
M: 9811542055



IMA CENTRAL DELHI

Organises

MEDICON

on

3rd November, 2019

at

**DMA House, Daryaganj
New Delhi-110002**

Dr Prem Aggarwal
President
9810203358

Dr Ashwini Dalmiya
Hony. Secretary
9811542055

Dr V.K. Goel
Hony. Fin. Secretary
9868525757

HOW TO BREAK BAD NEWS

Attendants keep on

Changing - Speak to Every New Attendant - Answer their Every concern - Don't Hesitate to communicate with New attendants of a Sick patient - They might turn into your Trouble makers..

Most Important Issue in Communication is

NOT WHAT YOU TALK..
IT IS HOW YOU TALK..

In Every case..

Tell pt all treatment options..

Involve them in Decision Making..

Tell them why you have chosen this option - Which parameters you want to Monitor - And what changes will make you to change management decision..conservative to surgery..

Tell your OP Attendant to allow attendants of so & so sick patients, whenever they come.

Studies showed..

Patients who are more familiar to doctors create Less problems..

Identify patient attendant who can create problem - Develop rapport with them - Know their name - Communicate with them -Address their Concerns

80% patients are Noncritical and Non troublesome..

20% are Either Critical or Troublesome..Focus on that 20%..

You May have 100 patients to take care..But, for them he is the only patient & it is the only work for them..

YOU MUST GIVE SUFFICIENT

TIME FOR THAT 20% , HOWEVER BUSY YOU MAY BE..

Patients expectations are

Not only from you.

But also From Your staff..

Train them to behave well..

Find few intelligent staff or Duty doctor..Ask them to be in constant touch with the sick patient and attendants..

Earn Patient TRUST & CONFIDENCE..

Make their Stay Pleasant..

Just by the way, we blame sick patient poor general condition to his BAD HABITS & Very Late presentation to Doctor..

In the same way, when some unexpected thing happen they blame deficiency of services/ staff behaviour..

If they are happy with our attitude, then they usually blame it on God/their karma

Whenever you visit any patient Greet attendants with smile..

You don't know which Case turns out into Emergency and have an unanticipated

Outcome..

Most important is

UPDATE THEM ABOUT PATIENT CONDITION
REGULARLY..

Tailor the Bad news..

Explain them every bad sign or report from time to time..

Tell ICU staff/ Gateman to give

little relaxation to visit

dying sick patients..

Breaking the Bad news

Should preferably done by

Senior most Doctor..

When you explain

show the File..Show the Bad reports..Explain the Events..

When needed

Show the Facts in Google or Literature and explain them about prognosis of that condition..like survival rates of Decompensated cirrhosis with HRS..

Don't Face the Mob..

Call Few Key attendants into separate Room..

Keep sufficient medical staff on your side..

Speak softly with Proper Eye contact..If You bend down your Head..They assume that you made mistake..

Don't Minimise Severity..

Involve staff who is attending them regularly(while explaining..)

- Use Simple words..
- Proper Body language..Lean Forward..
- Don't tell in a Hurry and go..
- Give them time to Digest..
- Give sufficient pauses..
- Let it be a Dialogue -
- Not Monologue..
- Needs Advanced
- Communicative Skills..
- Only 7% words..
- 38 % Tone of Voice
- 55% Body language..
- Listen to attendants..
- Allow them to Speak..
- Patient Listening itself is
- Best way of Communication..

There will be 5 stages from attendants side

1. Shock.. Denial..Disbelief
- Convince them by showing them the reports
2. Blame..Anger..Aggressive - Support them, Listen to them, Be calm
3. Bargaining..Empathy (Feel with them for what had happened)and help them to accept reality
4. Depression
5. Acceptance..

Don't leave them at Stage 1 or 2..Be with the Family silently, until they reach stage 5

Always Wear Neat Apron..

If you look like Doctor - They respect you like Doctor..

Understand their Feelings..

Tell them that This is One of the complication that can happen at this age or with this disease or co morbidities..

While Breaking Bad News..

Whatever busy your OP may be..Don't Disclose it in a Hurry..

DR. ARVIND CHOPRA

Hony. State Secretary

UCMS - 74

UCMS-74 Batch मे - नभ की तरह कई सितारें हैं।
किसका पहले बखान करूँ - सभी मेरे दिल के प्यारे हैं।।

संजय त्यागी - हृदयरोग विशेषज्ञ - एक और उँचाई तुमने पाई है
मेडिकल फील्ड की उच्चतम् - महत्वपूर्ण पद की कुर्सी तुमने पाई है।
AK Saxena (Saxy) ने भी - उसकी शोभा बढ़ाई है।।

अनिल बंसल के Health Articles तो रोज अखबार में आते हैं
N Subra ने Apollo में Medical Director का पद पाया है।
Raman Kapoor ने भी Acupuncture का परचम खूब लहराया है।।

नवीन डैंग ने भी Path Field में खूब प्रसिद्धि पाई है।
K.K. Bannerjee ने Forensic में अपनी पुस्तक छपवाई है

AKG ने - इक बड़ी Industry लगाई है।
सुनील दातार ने - मराठी में एक Feature Film बनाई है।।

सभी 1 से 100 नंबर तक अद्भुत Quality संजाये है।
Roll No. 1 (Ajay) ने - इन मोतियों को एक सूत्र में पिरोए हैं।।

All the best.

विपिन जैन
Roll No. 73



FIRST ANNOUNCEMENT



Sir Ganga Ram Hospital
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ON
**Sunday
10th November 2019**



8:00 am to 5:00 pm

VENUE

**India Habitat Centre, Lodi Road
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Glimpses of SGRH Annual CME Journey 2009-2018

Message from the Chairman



Dr D S Rana
Chairman
Board of Management

The Sir Ganga Ram Hospital (SGRH) Annual CMEs are customized for primary care physicians. The interactive sessions on everyday clinical care issues and variety of sub-specialty topics offer a unique platform to the General Practitioner for updating him on multi-disciplinary challenges.

Besides the scientific deliberations, the lively sessions of 'Medical Premier League', 'Meet the Masters' and 'Medical Quiz' have been received with great enthusiasm. Hundreds of delegates have won gifts and prizes from these programs as well as from the 'Early Bird' and 'Not Out' sessions.

I extend my full support and best wishes for the 11th Annual CME being organised on Sunday, 10th of November, 2019. I am sure that all those who participate will enjoy and benefit.

Best wishes,

CME Secretariat



Dr Harbansh Lal | Department of CME
Chairman

SGRH Annual CME
Department of Ophthalmology
Room No.: 2225, Super Speciality & Research Block

Phone + 91 9650066694, Fax: + 91 11 25861002
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NEET SS

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SMASHING RECORDS BY DAMSONIANS IN 2018-19

NEET PG TOPPERS JAN 2019



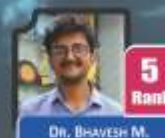
AIIMS TOPPERS MAY 2019



PGI TOPPERS MAY 2019



JIPMER TOPPERS MAY 2019



DNB TOPPERS MID YEAR 2018



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Delhi Medical Council

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Website : delhimedicalcouncil.org | E-mail : delhimedicalcouncil@gmail.com



The following acts of commission or omission on the part of a physician shall constitute professional misconduct rendering him/her liable for disciplinary action. (IMC Reg 2002)



1.3 Maintenance of Medical Records :

- 1.3.1 Every Physician shall maintain the medical records pertaining to his/her indoor patients for a period of 3 years from the date of commencement of the treatment in a standard proforma laid down by the Medical Council of India
- 1.3.2 If any request is made for medical records either by the patients/authorised attendant or legal authorities involved, the same may be duly acknowledged and documents shall be issued within the period of 72 hours.
- 1.3.3 A registered medical practitioner shall maintain a Register of Medical Certificate giving full details of certificates issued. When issuing a medical certificate he/she shall always enter the identification marks of the patients and keep a copy of the certificate. He/she shall not omit to record the signature and / or thumb mark, address and at least one identification mark of the patient on the medical certificates or report.
- 1.3.4 Efforts shall be made to computerize medical records for quick retrieval.
- 1.4 Display of registration numbers :
 - 1.4.1 Every physician shall display the registration number accorded to him by the State Medical Council / Medical Council of India in his clinic and in all his prescriptions, certificates, money receipts given to his patients.
 - 1.4.2 Physician shall display as suffix to their names only recognized medical degrees or such certificates / diplomas and membership / honours which confer professional knowledge or recognizes any exemplary qualification / achievements.
- 7. Misconduct
 - 7.10 A registered medical practitioner shall not issue certificates of efficiency in modern medicine to unqualified or non-medical person.
 - 7.14 The registered medical practitioner shall not disclose the secrets of a patient that have been learnt in the exercise of his / her profession except -
 - i. In a court of law under orders of the Presiding Judges
 - ii. In circumstances where there is a serious and identified risk to a specific person and / or community and
 - iii. Notifiable diseases.
 - 7.20 A physician shall not claim to be a specialist unless he has a special qualification in that branch.

Dr. Arun Gupta
President, DMC

Dr. Girish Tyagi
Registrar, DMC



Delhi Medical Council

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Re-affirmation of doctor's commitment to the patient in society at large:

The principal objective of the medical profession is to render services to humanity with full respect for the dignity of profession and man, reward of financial gain is a subordinate consideration. A physician should be an upright man, instructed in the art of healing. He shall keep himself pure in character and be diligent in caring for the sick.

Maintaining good medical practices :

Physician should merit the confidence of patient entrusted to their care, rendering to each a full measure of service and devotion. Physician should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainments. The physician should practice method of healing founded on scientific basis and should not associate professionally with anyone who violates this principle.

Obligation to the sick :

Though a physician is not bound to treat each and every person asking his services, he should not only be ever ready to respond the calls of the sick and the injured, but should be mindful of the high character of this mission. A physician should endeavour to add to the comfort of the sick by making his visit at the hours indicating to the patients. A physician advising a patient to seek service of another physician is acceptable, however, in case of emergency a physician must treat the patient. No physician shall arbitrarily refuse treatment to a patient. However for good reason, when a patient is suffering from an ailment, which is not within the range of experience of the treating physician, the physician may refuse treatment and refer the patient to another physician.

Appointment of Substitute :

Whenever physician request another physician to attend his patient during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment only when he has the capacity to discharge additional responsibility along with his/her other duties.

Exposure of unethical conduct :

A physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of member of the profession.

The patient must not be neglected :

A physician is free to choose whom he will serve. He should, however respond to any request for his assistance in an emergency. Once having undertaken a case, the physician should not neglect the patient, nor should be withdraw from the case without giving adequate notice to the patient and his family.

Efforts should be made to resolve all issues which the medical professionals subscribe/ promote/ expose and which may be considered to be conflicting / controversial in nature, through amicable, legitimate means, so that the interest of the patient's is not undermined or compromised, under any circumstances.

Dr. Arun Gupta
President, DMC

Dr. Girish Tyagi
Registrar, DMC

BRANCH NEWS

IMA DNZ BRANCH

Hariyali Teej Celebration

IMA-DNZ celebrates Hariyali Teej at Fiery Grill, NSP, Pitampura with all the pomp, colour and enthusiasm.



Medical Services

IMA-DNZ provides Medical Services to poorest of the poor, at their footsteps, at a Pakistani migrant Hindu colony at make shift camp near Majlis Park, Adarsh Nagar, North Delhi.

A team of doctors including President Dr. N.N. Jha, Dr. Abhishek Kumar, Secretary IMA-DNZ, Dr. Naresh Chawla provided the services.



IMA JANAKPURI BRANCH

IMA Janakpuri branch initiated voluntary cleanliness drive - doctors for clean India.. Where members manually clean the parks and markets and educate and inspire common people to join the drive and be a responsible citizen.

MATRIMONY

Suitable preferable medico match for Delhi based Punjabi Khatri, Fair, Beautiful Doctor girl 4'-10"/27 years doing MD Pathology 3rd (final year) from Govt. Medical College Surat Gujarat.

Father Doctor (MBBS) Mother Officer RBI, Younger sister MBBS, Brother B.Tech IIT well placed in MNC Gurugram.

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- / Fully pre-calibrated – No calibration on the spot required
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