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STRUCTURED CLINICAL DECISION MAKING: IS IT DIFFERENT ?

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Introduction: The Psychiatrists are called to assess the level of risk in violent and sex offenders' population. There are differing perceptions about formalising the severity and management of risk. The proponents of actuarial decision making propose that it is scientific and evidence based approach. The advocates of professional judgment however think that actuarial tools usually miss out on the interplay of compounding factors and can under or over estimate the level of risk.

Objectives: To review consecutive patient assessments and qualitatively compare it with HCR-20 and RSVP tools for violent and sex offending patients.

Aims: To report the difference in outcome in the domains of overall severity of risk, risk formulation and clinical decision making for management of the risk in these patient groups.

Methods: We aim to compare twenty consecutive patients where professional judgment of the clinician determined the severity of the risk, risk formulation and management. We then aim to use the information available to check for any differences in these areas when HCR-20 and RSVP are employed.

Results: The comparison and benefits of professional judgment and actuarial decision making are reported.

Conclusions: The professionals (providers) are being increasingly compelled by commissioners(purchasers) to evidence base their clinical decision making. The professional judgments are more likely to be challenged in the courts. People are easily impressed by decisions which are evidence based though they may have limited understanding of research environment and population studied.