

ROLES OF MEDICAL STAFF IN DIFFERENT SPECIALTIES IN SERVING AND HELPING PATIENTS

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Abstract

The medical staff refers to every person that is required to contribute to the diagnosis and treatment of a patient. They may include doctors, nurses, a physiotherapist, a psychologist, a therapist, a nutritionist, a midwife, etc. Each of these staff members has a specialized field in which they may exclusively work, or they may be employed in different fields. All these professionals maintain important roles that can lead to differences in diagnosis and treatment or help to develop new strategies and techniques related to the different specialties. The main roles and duties of each kind of specialized professional are presented here. While the development of modern technology advances constantly, the need for treatment, care, cure, help, as well as the prevention of diseases, remains unchangeable. The scope of activities of medical staff is extremely wide; it includes specific functions in the sphere of research and therapy. We aimed to analyze the roles of a doctor, a nurse, and the other specialists and also perceive their significance in different fields.

Keywords

Medical staff; patient treatment; different specialties. Patients are the highest priority in hospitals and medical care.

1. Introduction

Treat or manage patients with illnesses, diseases, or acute severe conditions. Aside from the main task of a hospital, which is the provision of medical treatments, this is the most important

basic principle in a hospital. It is actually the medical staff who perform this duty. Staff in different specialties provide their unique treatments in different departments of the hospital. Such a treatment cooperation model is similar to the duties delivered by individuals. Their accomplished duties are equal to a performance or entertainment section. The results and final benefits rely on the wellness of different sections. When each enterprise excels in its duties, a good and favorable outcome will be the result. Based on all the viewpoints above and incorporated into a statistical column of medical issues, it is expected to increase the understanding and influence of horizontal staff in medical sections by considering the new expected baby, the good outcome of the medical show, and the precise interaction with all people. (Rücker et al.2021)

The titles of medical staff specialties may vary in different countries. However, the cooperation in the same hospital remains the same task—treat or manage patients with illnesses, diseases, or acute severe conditions. The common objective and principles for treating illnesses and diseases are unchanged, irrespective of the advances in science. However, developments in the sciences enrich the service models of medical specialties. (Park et al.2021)

2. 1. General Practitioners

General practitioners (GPs) are usually selected by patients to serve as the first point of contact in order to ensure the smooth delivery of needed health care. GPs are capable of providing comprehensive care to all age groups, both genders, and all diseases, whether presenting or non-presenting, until patients require the care of other specialists. GPs are effective in educating and helping patients gain both knowledge and the ability to prevent certain diseases, as well as promoting family knowledge and skills in first aid. There is a certain proportion of communities in urban and rural areas whose health care is provided mainly by GPs. Such a population of approximately 1,000 to 2,000 residents selected from more than 200 GPs makes it feasible for GPs to become embedded in the communities, promoting self-help and mutual aid between people, and fostering interaction between different social classes and multiple resources. The traditional view has been that health services mainly rely on secondary or tertiary medical institutions with long-term beds, ignoring the important role of GPs. (Imlach et al.2020)

In recent years, society and international organizations have recognized that GPs are an important basic service that ensures health resources are used in the most cost-effective way in the entire health care system. The GP is a full-time commitment to providing friendly, continuous, comprehensive, coordinated, universally acceptable, and cost-effective medical service. The nature of their work is to be a doctor. Resources should be distributed to organizations or individuals for long-term medical services according to the needs of health care and the main characteristics of diseases. The general practitioner's education includes the pathogenesis and etiology of common and new diseases, as well as the basic medical technology needed to treat them. GPs possess the knowledge and ability to evaluate and improve the application of medical technologies, along with the responsibility to treat and manage acute and chronic diseases using a comprehensive range of the most needed medical technologies. Evaluation by patients and other health care providers is essential for complete and continuous care, including all age groups, both genders, and for all diseases. (De et al.2024)

2.1. 1.1 Primary Care and Preventive Medicine

Primary care physicians, clinic directors, and nurse practitioners are responsible for prompts by which preventive medicine, such as screening in women and expertise in specific areas of health, is provided by individual care doctors. Comprehensive care of patients in general is provided by primary care staff, guiding families, developing networks, educating others, and collaborating with other services in the clinic. It is important because the goal of preventive services is to maximize disease and injury prevention strategies and supplement primary prevention techniques with secondary prevention and treatment to improve health and care provided to patients. They are utilized and supported by medical steps in many situations and assist with medical exercise therapies. To advance care and support increased access to care for people with various medical problems, medical staff members established a comprehensive model of care for the clinic. This level of service is also made possible through the patient care coordinator. To locate, access, and support a variety of services and benefits, training and supervisory assistance to broad clinician contacts and care coordinator functions are performed as required for help in patient care through the clinic's primary care team. (Fraze et al.2020)

2.2. 1.2 Diagnosis and Referral

In many nursing homes and hospitals, the nursing staff are the first to discover the sub-acute illnesses of the residents. These illnesses may be subtle upsets or minor symptoms that appear after a major disease or treatment in an older resident with multiple diseases. It could be the sudden onset of confusion or a change in behavioral patterns, together with a declining ability to perform a usual activity of daily living. Recognize that the illness is an urgent issue, communicate your concern about the illness to the medical staff and the resident, and as soon as necessary, start the evaluation and initial treatment. The observation of these sub-acute symptoms of internal illness means it is time for the team to review the current medical, psychosocial, and dietary services and plans for the declining or improving resident or patient. Note that as illness and health are dynamic aspects of life, the treatment goals and plans will be changing. (Mandora et al.2021)

3. 2. Surgeons

The roles that medical staff in different specialties play all aim at serving and helping patients. Doctors play the role of fighting disease on the front line, while nurses are the doctors' best help. By understanding the respective roles of these different medical staff, we could correct the misunderstanding and prejudice of some workplaces and some people in society towards certain medical staff and specialties, and endeavor to improve the quality of teamwork among all medical staff, so as to double the effectiveness of serving and helping patients. Surgeons are doctors who perform operations. Operating on a patient is often the beginning of his or her treatment. Surgeons must address the patient's physical problems in cooperation with other medical staff, so many other doctors rely on them as a pivot through which cooperation can be achieved. As a kind of response task, the work of surgeons is most splendid when their lives are at stake. Moreover, the level of technology and the success rate of operations directly reflect the comprehensive strength of a hospital, so surgeons are often the strongest and most self-esteemed clinical staff. Owing to years of hard work, their bodies and spirits are also greatly affected. As for a curious phenomenon in hospitals, the longer a surgeon spends in the operating room, the later the start time of the operation, and the more gravely ill the patient is. (Karunarathna et al.2024)

3.1. 2.1 Preoperative Assessment and Planning

For preoperative assessment to be functional, an effective admission process must be established to ensure sufficient time to perform the necessary preoperative medical histories and physicals, and obtain any necessary consultations and test results. A risk stratification plan for in-hospital patients must be drawn up so that elective, semi-emergent, and emergency surgery can be accurately defined on a case-by-case basis. The patient's existing disease diagnosis, evaluative and planning testing, medication management, coordination of care with other medical/surgical specialties, and health promotion and preventive care are generally best managed by the individual physician and their fellow physicians in the service line. In the initial preoperative assessment, decisions regarding risk stratification of the patient, suggestions for optimization of medical conditions, and further preoperative management and care of the patient are made. A clinical evaluation and medical history assessment are collected, and cross-section evaluation is made to assess the patient. Risk factors for a possible postoperative coronary event are assessed.

In patients with positive or relatively recent symptoms within the past 6 months, noninvasive or invasive testing is warranted. In these patients, a pharmacologic stress test, stress technetium cardiac single-photon emission computer tomography in conjunction with the aforementioned stress test is usually performed. The projections used for interpretation are maximally beneficial for identifying reversible myocardial ischemia - namely, anterior, anteroseptal, inferoseptal, inferolateral, and posterior projections. In some patients, a catheter-based quantitative coronary angiogram may be indicated following the findings of a positive pharmacologic stress test, equivocal testing, low functional status, or serious comorbidity. Evaluation of heart function, presence of valvular heart disease and arrhythmias, and underlying cardiovascular anatomy and arterial anomalies are topics of concern, as well as evidence of previous CAD and evidence of previous medical or surgical cardiac management and care. The patient is given a medical clearance including complete ASA physical status assessment. Other preoperative testing or consultation may be requested, and a preoperative procedure or apparent optimization procedure may be reordered and scheduled at this point. The OSA patient may have a nasal CPAP scheduled at the same time, or within several days, before the consent preoperative surgery date.

If a second OSA patient is being operated on, they also fill the same criteria. The echocardiography procedure will take place simultaneously with the ventricular catheterization to help optimize the complete preparation of the patient for subsequent urgent or emergent surgical procedures. With the above centered on a specific patient we have just seen, the following will be used in a workflow schematic report during the operating room pre-anesthesia block time morning report. The preoperative evaluation will result in an overall general risk stratification plan for the peri-anesthesia and perioperative time frame, so that proper anesthesia care and postoperative check time will be initiated when needed. We believe that the molding of the preoperative evaluation was made at the earliest possible date in our institution. Every day during normal work hours, the block attending provides assessment of acquired new consults or requests that have come in to evaluate surgical patients that surgical residents have seen, or who have undergone surgical procedures during the previous evening, nighttime, or weekend time frame.

3.2. 2.2 Surgical Procedures

There are a wide variety of surgical procedures performed in a hospital. Many are extensive operations, such as coronary artery bypass grafting, pancreatoduodenectomy, total joint replacement, cancer removal, and chest surgery. A bypass patient sometimes requires three sites to be opened—the aorta, left and right arteries of the heart at the midaxillary area, and sometimes the saphenous vein at the popliteal area. Because a long time of general anesthesia is accompanied by risks, the patient must choose among various types of anesthesia for open-heart surgery, such as injecting anesthetic into the epidural space, performing a caudal epidural, and blocking the nerves. Pancreatoduodenectomy involves the removal of part of the stomach, half of the duodenum, and near the head of the pancreas, as well as reconnecting the digestive system in three separate sites and performing anastomosis of the stomach, jejunum, and biliary tract. Because this procedure is very extensive, a well-equipped and fully functional intensive care unit is required postoperatively, and the bleeding site must be well controlled. If the pancreas is to be reconnected, various anesthetic methods are required to modulate the intensity of pain.

In general, joint replacement surgery involves the replacement of the damaged parts of the joint with plastic, ceramic, or a combination of metals, for example, titanium or stainless steel, and spinal surgery requires the resection of a segment of the spine and the insertion of a titanium construct as well as decompression of the nerve for pain relief. Cancer removal is performed after placcation of the affected part. It involves the removal of a nodule and the dissection of lymph nodes after laparotomy, thoracotomy, laparoscopy, or thoracoscopy, as with esophageal cancer surgery. After an operation, the patient often exhibits great pain and requires a large amount of fluid, oxygen saturation, control of bleeding, and limb ligation and hernia or staple removal, multiple benign percutaneous needle biopsies, laminectomy, or anastomosis, leading to fears of reinjury, litigation, and breaches of the ethical duty of informed consent. After major surgery, some patients require epidural or caudal block for pain control.

The doctors must complete many critical or noncritical tasks in a scheduled order. Each member of the surgery team must work in a preset direction to smoothly complete the operation and to provide postoperative care, such as vital sign monitoring, suctioning of the patient, care of the incision site and catheter, relief of pain, and control of nausea and heart rate, blood pressure, postoperative displacement of the tracheotomy and chest tubes, and wound dehiscence. These activities can greatly benefit the patient, and even the surgical staff.

4. 3. Nurses and Nurse Practitioners

The nursing profession consists of professional registered nurses, licensed vocational nurses, licensed practical nurses, and unlicensed assistive personnel, including nursing assistants, perianesthesia nurses, perioperative nurses, physicians' office nurses, school nurses, psychiatry and mental health nurses, and informatics nurses. A specific position in some health professionals' offices is that of a nurse practitioner, who is a registered nurse with a baccalaureate degree, has received specialized training, and holds a master's degree in a specific area of care. The nursing profession is responsible for providing safe, quality care to patients and coordinating the health care of the patient among all the health care disciplines caring for the patient. The nurse should be involved with the patient, assisting the patient with activities of daily living and providing comfort, directly or indirectly applying previously taught measures, nursing interventions, and treatments, and interacting with the patient, family,

and others. A nurse is responsible for monitoring and evaluating the physical and emotional well-being of the patient. Nurses are accountable for identifying changes in the patient's status and for reporting these findings to other members of the health care team. Licensed vocational nurses or licensed practical nurses are under the supervision of a registered nurse or physician in providing basic care and medical tasks to patients in a variety of settings, including physicians' offices, clinics, and private homes and residential institutions. Unlicensed assistive personnel provide patient care under the supervision of a registered nurse, licensed vocational nurse, or licensed practical nurse, depending on the degree of health care required. The liability exposure of the registered nurse or nurse practitioner is derived from the nurse's accountability and the delegation of responsibilities to other licensed and unlicensed health care providers. Highly technical registered nurses in acute care health facilities are especially at risk, and greater attention to this problem is essential in the emerging health care programs. Large hospitals and professional trade associations may provide legal services, educational programs, and guidelines to assist the nurse in minimizing this risk, and professional indemnity insurance policies are available to protect the nurse practitioner from malpractice litigation expenses. Be aware of your malpractice insurance policy limitations. (Oldland et al., 2020)

4.1. 3.1 Patient Education and Advocacy

The tasks of pharmacists in the hospital market are quite complex and require their knowledge to be applied in a fast and responsible way, mainly because a hospital has, at the same time, a diversified and low turnover client portfolio. Patient service is more rigorous and complex, as much of the clientele is not on social networks. The best jobs tend to be more exhausting, but they are also more respected. In addition, these positions, if appropriately identified, should be highly regarded as this is an area of research at a high level of specialization. It is exact, which points to its constitutional importance and relevance, and their defense, in particular.

Patient education can be related to the prior programs that the patients are already complying with regarding the medication received. This differential is not found in the variable patient education, obtained through the evaluation procedure by a hospital pharmacist at the moment of the respective discharge.

4.2. 3.2 Medication Management

Inpatient medication therapy is initiated, adjusted, and managed by hospital-based practitioners with special training and expertise in clinical pharmacology. They have the responsibility for the evaluation of patient-specific medication regimens and participate in respective patient care activities. They recommend cost-effective medication management strategies. They serve as physician and health professional consultants. They develop and provide training about medication management throughout the hospital and in other medical staff. They work with the pediatrician, surgeon, or other specialists involved in the care of the patient, other medical consultants, and nursing and health care providers to optimize medication therapy. Outpatient medication therapy is initiated, adjusted, and managed by practitioners experienced in the management of the patient's illness or by those qualified to manage the disorder with the active participation of the medical consultant, if required. Treatment may include the use of pharmacologically active agents delivered via prefilled syringes, dose-delivery devices, or infusion systems used by trained patients at home. These medications may be initiated, adjusted, and managed by specially trained medical staff. They also prescribe medications for

continuation after hospital discharge and initiate and manage health maintenance and wellness medications.

5. 4. Radiologists

Radiologists are physicians who have completed medical school, at least 10 years of post-secondary education, and a supervised residency in diagnostic imaging. After the residency, acute care hospitals and outpatient ambulatory diagnostic centers hire radiologists. Radiologists work in close cooperation with radiology technologists who perform X-ray, mammography, computed tomography, magnetic resonance imaging, and other imaging examinations for both inpatients and outpatients under the direction of radiologists, resulting in images. Radiologists work with local hospital pathologists or assistant pathologists to discuss biopsy diagnoses. They also work with clinical colleagues for patient diagnosis and advising. Current radiologists either practice, innovate, and teach in academia, or conduct a combination of these activities. Radiologists can privately practice, travel on-site, or perform their clinical work and/or conduct quality assurance activities. If a current radiology resident graduates, they may decide to establish an outpatient imaging center. (Martín-Noguerol et al.2021)

At a university, radiologists focus on teaching, research, academics, policy creation, interpretation of studies for imaging, and the advancement of quality and confidence in imaging algorithms using personal radiologist applications for multi-modality and informatics. Personal radiologists serve an integrated hospital system made up of radiologists focused on quality assurance and imaging, serving both metropolitan and urban communities. Community assistants are communities of radiologists exclusively versed in helping patients, focusing on personalized attention, detail-based results, and the continuity of relationships that raise hospital ratings. Remote radiology assistants provide inpatient and outpatient radiology services, both in the United States and outside of the country. They offer innovative, customized teleradiology services and solutions to best meet the customers' needs via unique telecommunication methods. They are providers committed to providing an efficient workflow that improves compliance and results in a timely manner. They work in hospitals and clinics, extending their radiologists' abilities through supplementary services.

5.1. 4.1 Diagnostic Imaging Interpretation

Diagnostic imaging interpretation is the paramount responsibility of the relevant radiology specialists. Despite technological advancements, mistakes do happen and they can be either intended or unintended. Retrospectively, visual improvement by repeating the procedure on the affected site may disclose what had been missed initially. Patients, relatives, and responsible parties, at times, the general public still tend to judge the medical team for the occurrence and believe that good doctors do not miss anything on any investigation, no matter what. Diagnostic errors will not only lead to inherent medical complications for treated patients but also to lawsuits, especially in locations where such systems prevail. There are no other specific forms of helping patients and relatives but accepting the responsibility for those incidents with compensation and later taking pre-event initiatives to avoid the reoccurrence of the mistakes.

Undoubtedly, the use of virtual technology is helpful in these relatively rare situations. There may be more real but forgotten physiological problems, more specific signs that may normally

be referred to as masked or blown up, claiming to be tumors, more inconsistently identifiable focal hormonal hypersecretion glands, and more falsely diagnosed injured varices. Virtual verification of the diagnostic problems and the diagnoses by the original diagnostic images, reports in textual and audiovisual formats, and giving the second opinion in patients' and reporters' preferred language and mode will save time, distance, and resources for everyone involved in the three stages of misunderstanding.

5.2. 4.2 *Interventional Radiology Procedures*

The satisfaction of medical service users depends on the balanced division of labor between different medical fields. Medical staff observe professional medical ethics and require continuing education to fulfill the trust of patients with professional achievements. Interventional radiology is a specialized medical department with rapid development but a lack of support from other medical departments. Specialists in interventional radiology make great efforts in tumor management and curing vascular diseases, providing unique medical services and techniques for treatment groups. The therapeutic effect of interventional radiology is increasingly accepted by medical organizations and patients due to the natural advantages of minimally invasive procedures without scars and immediate effects. Interventional radiology is a critical and irreplaceable method in modern clinical first aid work due to its unique technical superiority and utility value. Carotid artery stenting, artificial vascular graft surgery, hyperthermia techniques, RF ablation, open surgery for varicose veins, shunt procedures, and syncope management are performed in highly specialized clinical operations of interventional radiology. Carotid artery stenting is another effective method aside from traditional open surgery for carotid endarterectomy patients. Coils for abdominopelvic aneurysms and vascular access procedures interfere with arteriovenous fistulas using minimally invasive techniques. RF ablation is useful for non-small cell lung carcinoma when lung resection is performed. Interventional radiology procedures can be accomplished in the department of interventional radiology, the operating room, or the imaging examination diagnostic room. The operation procedure typically involves local anesthesia, puncture aspiration, guiding a wire, inserting a catheter, and completing the treatment while guiding physicians through the X-ray process.

6. 5. **Psychiatrists and Psychologists**

Psychiatrists are experts in dealing with and counseling on mental problems. Medical students take one semester to study psychiatry and acquire merely some basic knowledge, allowing them to deal only with less serious mental problems. Students are taught different cases along with their symptoms, causes, and treatments. After receiving help from their teachers on their textbooks, they will take written exams. After graduation, they can handle not too serious cases with reference to what they learned during their one semester in college. For serious cases, they normally refer to other specialties. The low social status of psychiatry in society has been widely criticized. Moreover, its low therapeutic efficiency is often complained about. However, both clinical counseling and basic research in psychiatry encounter many more problems and difficulties than the public realizes. Every physician, including psychiatrists, needs to protect the privacy of patients. (Alsoufi et al.2020)(Seetan et al.2021)

One of their jobs is to conduct mental consultations in general hospitals. Physicians in other departments often encounter psychosomatic disorders in their clinical work in general hospitals. They frequently feel depressed when communicating with such patients and hope to receive professional consultation from psychiatrists. On the other hand, when such patients are

attending counseling, they must be checked for organic physical diseases in a timely manner. Therefore, like composite clinics of internal medicine, a combined clinic for psychological and physical diseases is needed in psychiatric departments in general hospitals. Psychiatrists in mental consultations do not choose drugs in a standard way according to the diagnosis of psychosomatic disorders. They separately diagnose physical diseases and mental problems, and respectively prescribe drugs for the treatment of both physical and mental diseases. When patients' mental problems are distressing them, their physical diseases are not serious, but physicians in other departments still refer them to clinical psychologists.

6.1. 5.1 Mental Health Assessment

Specialists in each field perform different roles in serving and helping patients. They all alleviate suffering, treat illnesses, and decrease the disability of the suffering patients. Here we compiled some of the oral and maxillofacial services and added compassionate competition that brings joy to this wonderful department because we think that a role lacking joy is deprived of charisma. We are also pleased to explore and share this with each of you who could feel that orally. We also hope that you could find the 'pain' and 'joy' in your answers or professions as well. With the expertise and understanding of both biological science and mechanics, medical professionals are well known for alleviating people's pain and discomfort. By providing medical services, these qualified and self-sacrificing people take on multiple roles to sustain our society.

Mental health assessment. This could be performed by any disciplined mental health professional. For example, psychiatrists with recognized qualifications, including those who have been declared to be registered specialty training psychiatrists, serving as senior clinical doctors at psychiatric centers or regional hospitals for more than five years, and who are listed as members of medical teams for recognizing disabilities, can be repeatedly examined and are familiar with illnesses and disabled conditions in the field of psychiatry. Mental health professionals who have received a medical college education in clinical psychology and have taught for more than five years at a university can all be counted as practitioners of mental health. The purpose of this assessment is to offer undistorted, comprehensive, standardized, delicate, and ethical long-term mental health care for women and their partners in a comfortable, private, safe, efficient, and professional manner. This should probably be initiated early during prenatal pregnancy healthcare and then could be conducted during different pregnancy stages. Family history and past medical history should be included in physical examination history taking. Care plans should be tailored individually. After delivery, follow-up care could also be performed.

6.2. 5.2 Therapy and Counseling

Medical personnel cover a wide range of specialties in the hospital. They may have counseling responsibilities or therapy responsibilities to help patients and families adapt and cope with illness or disabilities and to enhance the recovery of the patient. Some important therapy responsibilities of the paramedical disciplines include physical, speech, occupational, intellectual, and play therapy, which have different targets and techniques. In treating children with disabilities, the primary goal of physical therapy is to improve or correct the neuromuscular and musculoskeletal deficits of these children by facilitating movement, postural control, and enhancing normal musculoskeletal growth through joint motion, muscle flexibility, and strength.

Orthotic and prosthetic treatment may be needed to improve function and to correct deformities when they cannot be achieved by training exercises. Patients with speech disorders are referred to the speech therapist for further investigation and speech therapy when speech is significantly delayed or below normal for their age. In some cases, the occupational therapist needs to participate to help the patient develop eating, feeding, or motor developmental milestones. In general, a detailed patient examination on a regular schedule should be performed by a physician throughout the course of rehabilitation. This specific information is used to evaluate the patient's response and will direct further goals.

7. 6. Pharmacists

At the same time, pharmacists also assumed numerous roles to serve and help patients with their pharmaceutical care. Like doctors, they provided clinical pharmaceutical services to inpatients in public hospitals. They not only passed drugs to inpatients for doctors, but also checked and confirmed the suitability and appropriateness of drug dosages prescribed by doctors, particularly when requested by either nurses or the hospital information system. They managed and controlled hospital stock drugs and ensured their quality, safety, and suitability. They also provided first-hand drug information and research support to in-hospital healthcare members. Some of their clinical pharmacists participated in patients' clinical treatments together with doctors, e.g., performing dosing protocols; managing patients' adverse drug reactions and medication allergies; and monitoring serum levels. Concerning their other responsibilities, they were also responsible for the drug formulary management of public hospitals and encouraged hospital staff to use drugs rationally. When public hospital doctors shared successful care with a patient, the name of the public hospital was mentioned, but the names of public hospital pharmacists were seldom mentioned. (Van et al.2020)

7.1. 6.1 Medication Dispensing and Counseling

Each type plays an important role in educating and monitoring patient safety. None of them has time to fully inform the patient about the side effects and the benefits of taking a medicine, as a doctor or pharmacist continuing their work naturally for a long time. They must be cared for. For the new drug, if there is no need for specific training, the patient must be informed about the drug treatment plan and the benefits or potential side effects that can be achieved. Pharmacists stay fresh and take care of some important details when the prescription is online for a quick pharmacy order. The patient may want to ask the doctor and pharmacist to discuss the medicine. It is up to the pharmacist if there are any problems with medications that the patient has taken previously or if there is any concern about taking this new drug. Pharmacists can easily identify and solve potential and real problems that patients may have in the future. Caregivers work as a team in the pharmacy and medical office to provide the best care for the patient. This hectic schedule that imposes time constraints on a healthcare provider emphasizes the importance of continuous healthcare and the value of responsible use of the report. This is important for efficient and timely communication. Implement a better communication system over time and improve quality and safety in healthcare. Establish professional relationships between doctors and pharmacists. Hospitals must have a good communication link between the clinical staff and their patients. Pharmacies and drug dispensing systems must be designed to accommodate the required dose of medication. Every time a doctor buys a drug, he remembers the pharmacist. The doctor prescribing the drug must read and understand the rationale for the drug using the pharmacists in their clinical context. Patients receive clear

instructions about the drug treatment plan from both the doctor and the pharmacist. These simple tests can help reduce medication errors and achieve the best healthcare outcomes.

7.2. 6.2 Drug Interaction Monitoring

With a wider variety of drugs available on the market and with servicemen home from the battlefield sooner than expected, thereby "bombing" hospitals with ailing patients, a host of complications have arisen dealing with administering these drugs and treating the complications they generate. In order to reduce any unwanted synergistic effects between drugs, the work has been separated into four fields of activity, with some overlap between the fields. The fields are: carrying out scientific research work; workers at the medical reference centers; workers working in the field with family practice groups of all types; and with the pharmacy departments. Their common goal is to ensure that drug therapy given to patients does not cause complications or adverse effects or interactions between drugs given to the patient.

The disclosure, attention, and resolution of issues related to drug interaction is the result of the close and continuous interaction between specialist doctors. The major causes of drug interaction are illustrated, and situations where drug interaction may be expected and should look for the effects of individual drugs are explained. Information for known drug interactions should be looked for systematically and organized as possible with the combination of anticoagulant, hypoglycemic, tetracycline, phenytoin, antiepileptic, and non-steroidal anti-inflammatory drugs means categorically listed. These examples generally illustrate two important points in drug therapy: the fact that a drug is involved in the mechanism of tissue damage does not imply a greater understanding of its interaction with other drugs; secondly, the patients in question are generally older and have a tendency to be treated with a variety of drugs by several health care workers, which would increase the risk of interaction.

8. 7. Physical Therapists

The physical therapy staff of the hospital is responsible for preserving an individual's physical strength and function, which aids the patient in regaining independence in self-care and other daily activities. In our hospital, the physical therapists assist in the recovery of patients' musculoskeletal function through the use of special treatment programs. These services are provided to both inpatients and outpatients. Patient problems addressed by physical therapists include pre- and post-surgical rehabilitation of total joint replacements, stroke and spinal cord injuries, small amputations, fractures, arthritis, generalized muscle weakness, and pain associated with a number of disorders. The therapy can be used to increase strength, coordination, balance, endurance, and joint flexibility. The physical therapists teach body mechanics and assist with the selection of ambulation devices such as canes, walkers, and crutches. They utilize thermal modalities for the relief of pain and the reduction of joint stiffness. (Harris-Hayes et al.2020)

We are often called upon to guide a patient in the proper use of a prosthesis and instruct the patient and family on the adapted techniques for dressing, grooming, and bathing. We will visit inpatient rooms as necessary, and the patient is closely followed as an outpatient until adequate function is restored. After a joint replacement, the physical therapists primarily work with the patient on early motion activities, gait training, and stair climbing with appropriate therapy

equipment. Upon hospital discharge, the physical therapist may follow the patient's progress as an outpatient.

8.1. 7.1 Rehabilitation and Exercise Programs

Rehabilitation and Exercise Programs After patients receive medical or surgical treatment and return to the outpatient care clinic, our medical staff are in charge of following up with them to better understand their condition, especially regarding the functioning of various body systems and the comprehensive prescription of pharmaceutical medications. A more important follow-up aspect is guiding the patient to have the correct amount of exercise according to the patient's condition. How much activity and consultation is suitable for elderly patients with diabetes, elderly hypertensive patients, or elderly patients with lumbar muscle fatigue who have just had a lumbar surgery? We hope these can be clearly and effectively explained by our medical staff. In fact, only our medical staff are the most trusted stewards in our patients' hearts who can provide complete, clear information for the patients' recovery. For diabetes rehabilitation, consulting the medical staff is favorable for elderly patients who are just discharged from the clinic after a limb surgery. Only medical staff can clearly explain the respective limitations and medication points to patients and encourage them to perform the indicated rehabilitation. For pensions, whether it is a replacement for osteoarthritis, medication after surgery, or suggestions from health authorities, it is closely related to the patient. However, patients need to have a thorough and comprehensive understanding, and they must have no worries, so they need medical staff to give a comprehensive interpretation, so as not to cause the patient to spend unnecessary time and accompanying fear.

8.2. 7.2 Pain Management Techniques

For patients during their hospitalization, pain is an unpleasant sensation that can impede recovery, increase morbidity, and decrease their quality of life. Medical staff must therefore have a clear understanding of pain management techniques. At our hospital, we have a special pain consultation service that can provide us with information on how to appropriately manage severe cases, which is very convenient. Also, the nursing staff members are very knowledgeable on this subject and always express their opinions, which is very helpful. They understand our concerns and can provide feedback. When a more advanced technique or medicine is needed, the anesthesiologist provides timely cooperation and instructions.

The principal of our hospital initiated an advanced course on palliative care for all of his employees. It was very successful and beneficial because we are frequently dealing with patients suffering from painful chronic diseases and cancer. The doctors can help them acquire the needed benefits and improve their quality of life. This is supposed to be the essence of medicine and doctors. As their guardians, we should not be afraid to prescribe sufficient doses of pain medicine. With opioid crisis control and monitoring, we are probably now in a better position to administer such medicine than before in both quantity and quality, particularly for the seriously painful rehabilitation population.

9. 8. Occupational Therapists

Alicia Webb - At Dynamic Balanced Health Occupational Therapists, we aim to help our patients reach personal goals, whether it is at an inpatient facility, our outpatient center, or in their own home. We will achieve this by providing patients and their health care providers with the tools and education necessary to achieve the best possible functional balance. We provide

outpatient evaluation and treatment with an emphasis on comprehensive and thorough evaluations, with the primary objective of providing patients with knowledge and education to help restore physical health and return to performing everyday activities, family roles, and work duties. (Reitz et al.2020)

Michelle Shell, OT - At Dynamic Balanced Health Occupational Therapists, we will provide patients with the tools and education necessary to achieve the best possible functional balance. We will use a variety of recovery activities for strength, balance, physical health, and hand coordination. We will work with patients to restore physical health and return to performing everyday activities, family roles, and work duties. We provide education about the condition and offer tools for safe recovery functioning. We will encourage and support patients during recovery.

Gina Desiderato - At Dynamic Balanced Health Occupational Therapists, we will use nutrition management to prevent and treat weak conditions related to injuries from interrupted everyday activities. We will provide education about healthy food choices for a quicker recovery. Our occupational therapists assist patients toward a sense of well-being before leaving the hospital.

9.1. 8.1 Activities of Daily Living Assessment and Training

Rehabilitation is important for patients who are under the care of medical staff during hospitalization. Activities of daily living assessment and training are essential. Medical professionals from different specialties need to fully understand the importance and methods of assessment and training. An accurate, trustworthy, and holistic approach is vital for rehabilitation therapists. The basic concept of this profession is to help patients and their families understand how to assist those with physical or mental disorders in restoring, improving, or maintaining their performance of daily activities with full self-determination. The ultimate goal is to restore or allow patients to maintain optimal levels of physical, mental, and social functions so that they can participate in daily life. The performance of social roles within their families can have adverse consequences, such as inadequate participation, which is detrimental to individual, group, and community development. When individuals are unable to respond to their needs, their physiological, emotional, and social well-being declines. Therefore, the rehabilitation project of occupational or rehabilitation therapy is particularly important. Medical professionals from different disciplines can help maintain and improve the quality of life for patients facing impairment, change, and dissatisfaction, which can lead to poor compliance and decreased activity or self-care capabilities during hospitalization. They encounter various conditions and assist patients on the road from illness to rehabilitation.

9.2. 8.2 Adaptive Equipment Prescription

Patients with disabilities often need different types of adaptive equipment or aids over time to meet their changing needs. Along with changes in medical conditions, technology is becoming more advanced. Some patients may not know what kind of adaptive materials are available to help them cope with existing conditions. They often rely on health care professionals for guidance. The medical staff are the ones who are most sensitive to patient needs, assist patients at the right time, and provide the necessary information. Unlike physical and occupational therapists, who are primarily responsible for assisting patients in selecting and training with the optimal equipment whenever needed, most of the medical staff in different specialties have no detailed training but provide direct medical care to patients with various conditions, and they do not have time to help these patients or know who to consult when patients encounter

different problems in their lives. The problem can be gradually improved once medical staff are sensitized to the specific needs of their patients, have a better collaborative practice to work with other specialties, and know how to get other communities' resources to cope with patients' conditions.

The roles of prescribing adaptive or medical equipment in patients' lives are not limited to any particular specialty. As long as the medical staff encounter patients with different stages and needs in their lives who have disabilities and the potential to use these kinds of equipment, they should understand the basics of different types of adaptive equipment, know how to refer patients to appropriate professionals, have clear caregiver education, and have a basic knowledge of how to fit patients with adaptive or medical equipment. Although various resources on the use of such devices are available, there is an insufficient amount of information on the general prescription of devices across different medical and support staff. The main target groups of people to be prescribed adaptive equipment by non-standalone healthcare professionals are adults.

10. 9. Speech Therapists

The increasingly aging patients with aphasia after a stroke or with progressive neurological disease suffer from varying difficulties in their ability to use speech and comprehension. Speech therapists are specifically trained to evaluate symptoms and provide relevant therapies. The advanced use of computer applications in improving the communication ability of such patients or in conducting evaluations with appropriate scoring is also vital for clinical use. Conventional speech therapy usually focuses on the use of speech organs to restore speech output and facilitate the listening ability for regaining comprehension, with or without the use of listening devices or lip reading. With stroke unit care and resumption of a normal feeding regimen, successfully correlated to speech rehabilitation, tracheostomy tube use and associated infections can likely be minimized. Inability to understand has a significant impact on other clinical measures and rehabilitation outcomes; the strategies facilitating easier communication and outlining facilities for patient-initiated conversation can be used as surrogate endpoints in trials involving aphasia. (Baker et al.2021)

10.1. 9.1 Speech and Language Assessment

The medical staff play an important role in serving the patients. The roles of medical staff in different specialties such as speech and language pathology, psychology, social work, audiology, and paternity room service, in serving and helping patients and their caregivers are significant. For the specialist of speech and language, the function of oral disability and swallowing was evaluated.

In speech and language assessments, the professional evaluated swallowing, oral disability, language, speech resonance, and fluency disorders. Various language tests were provided in the exam, from standard general language tests to dialect and culture-related language tests. For the speech and hearing function tests, various tests were performed including oral mechanism exams that included cranial nerve tests, causes of oro-facial structural disturbances, oral function habits such as tongue or lip thrusting, vomiting, and swallowing stability, which included direct observation of feeding situations and dietary tolerance, physical performance of swallowing such as feeding aspects and swallow function performance, videofluoroscopic swallowing study, and barium swallow study, which referred to muscle strength of swallowing

and the 3-D videofluoroscopic swallowing study, and oral phase abilities such as secretions, drooling, pocketing, choking, and gagging. The function of oral disability and swallowing was evaluated according to other important advantages such as lip closure, lip active function, retraction, lifting, asymmetry, control, and maximal span, tongue function, motor sensation, secretion management, tongue active depth, and tongue rest.

10.2. 9.2 Speech Therapy Techniques

The contribution of speech therapy extends to all levels of the health system: from promotion and prevention to the rehabilitation of communication deficits. When following hospitalized patients, speech therapy has as its main objectives to prevent the appearance of alterations in swallowing, to identify them at the initial appearance, to treat them, and to work at a respiratory and phonation level on those acute diseases of the neuro-larynx that present dysphonia, dysphagia, or penetration aspiration. The speech therapy department is organized by shift hours and adopts the protocols and guidelines of attention, writing in the computer history each of the examinations conducted with the patient. For the areas of the hospital, the work is done in such a way that the patient does not have to travel from the room to the assigned place at the scheduled time. In this way, its displacement and exhaustion are reduced to a minimum, while adapting to the shifts of treatments and the demands of the doctors. All these circumstances are improved when the hospital assigns a fixed position, allowing professionals to stay on the floor and thus attend to any urgent need.

11. 10. Dietitians and Nutritionists

The main responsibility of dietitians and nutritionists is to give advice on food that is suitable for recovery and good health. A registered dietitian may have a background in clinical nutrition, community nutrition, and food service systems management, which would include corporate food services, hospital hospitality services, restaurant or catering company healthful menu consideration and development, and many other areas where special nutrition-related knowledge is helpful. The range of clients who are in need of dietitians' advice spans from people who are in disease recovery, diabetics, people who require sports nutrition advice, or cry for a children's nutritious diet, etc. Childhood obesity has become a major concern across the globe, and dietitians play an important role in preventing obesity by promoting healthy eating and physical activity for the young. (Howiecka et al., 2021)

In the area of obesity, dietitians are also called upon to develop medical and diet therapy. In the critical care units, dietitians work with other members of the medical profession as a team to provide proper nutrition for patients with different conditions. Milder conditions of nutrition problems, such as overweight and malnutrition, can also be improved by diet therapy and counseling provided by dietitians, according to different conditions of the patients. Overall, the services of dietitians do not only aim at core patients in medical facilities, but also concentrate on the general public. They also play an important role in shaping a healthful society, and the efforts of professionals in this field should be highly valued. In addition, dietitians can conduct research and sort out information for professional and non-professional publications. Media such as newspapers or radio and television could use their informational materials as well.

11.1. 10.1 Nutritional Assessment and Planning

Nutritional assessment begins with taking a good dietary history. The history needs to encompass any changes in appetite, weight, and food intake. Physical examination will focus

on body mass index (BMI) and body fat, subcutaneous fat, muscle, fluid status, edema, or organomegaly. Other pertinent exam findings may include the following: 1. Pale conjunctiva and angular stomatitis changes 2. Skin changes 3. Nails include spoon nails, white bands, half-and-half nails, Mees' lines, and Beau's lines 4. Hair loss/texture change 5. Muscle wasting 6. Other features found are: glossitis, peripheral neuropathy, poor wound healing, or poor growth. Treatment of the osmotic effects and complications of renal impairment will help reduce patient symptoms. Dietary treatment will usually come first, but other treatments may also be required.

Offering patients a choice of foods or delivering cold meals to maintain quality of food appears to allow a higher energy intake and can help with concordance with dietary support. In palliative care, many patients and their relatives do give significant importance to the offering and sharing of food during the day, despite the fact that correct nutritional intake is not directly connected to an effect on the quantity of survival. Being given control over meal times may raise satisfaction during the end-of-life period and may lead to weight benefits, whatever the patient expresses as his desires, consistent with his medical illness or nutritional requirements. Data on the nutritional impact on the quality of survival at the end-of-life are few, and further research to determine if, and how, particular models of care are linked to patients in palliative care is needed.

11.2. 10.2 Dietary Counseling

Dietary counseling and education for patients with chronic diseases such as diabetes, cardiovascular disease, hypertension, nephropathy, and obesity are some of the main modalities used by healthcare providers. Individuals from the field of nutritional sciences are among the professional groups generally provided by nutritionists to offer dietary education and counseling. As part of the multidisciplinary approach, dietitians have essential roles in educating patients with diseases on dietary habits, dietary changes, and food. They are trained professionals who can provide tailored nutrition plans for specific individuals. Specifically, dietitians are experts in addressing individual needs in weight and diet management among clients with a multitude of nutritional concerns, such as diabetes and lipid imbalances. Their in-depth knowledge can provide professional nutritional services to clients who require nutrition support.

A brief nutrition assessment by medical staff and at least an annual comprehensive assessment by a dietitian can help identify patients who could benefit from individualized nutrition counseling and planning. The scope of dietitians is to present scientific evidence, help analyze diet, and develop, implement, and manage a nutrition plan that integrates nutrition, health, and fitness. They also have the knowledge to guide food policy, where necessary. The aim of dietary counseling is to promote health and manage a range of health-related diseases, loss, and illness. The intervention of diet counseling could be consistent with existing data related to establishing macro- and micro-nutritional needs that meet the requirements of many people with chronic ailments.

12. Conclusion

In summary, the service characteristics vary according to the different specialties of hospitals. Therefore, the characteristics of staff and the model of management have to be adjusted by the specialties of hospitals. Although the administrators know the way, it is still not successful to

carry out to make people bear in mind sometimes. Only when patients do not wait for a long time at the emergency outpatient clinic and inpatient ward can the relationship between the hospital and patients be warm. The working environment is good for the hospital, and the staff can escape from the blessing of pressure. Although one staff member only has the responsibility of drawing and doing medical radiography in a room for this hospital, it is difficult work rather than the nurse and patient, but she is very enjoying such work. However, the time spent beside the parents for others is endless fear instead of happiness, which means great injury for the death of man without the malpractice mediation fees. What is service? The experience may have to add the patrons circulation, but should not forget the original intention. What we can modify is only our face. The study of the subject will help us to discover the secret from it what to gain psychic satisfaction through the service, but the conclusion is analyzed the service gaps from the emergency outpatient clinic to hospital wards. Through the livelihood language of the medical staff, who are under a lot of pressure, our regular and returning customers' opinions can be well operated pragmatically to pursue the provider's orientation and flexibility, generally extend the system and alleviate the pressure efficiency that the studied coping landscape gave the staff. The studied contribution of scanned service quality in this terminally knowledge struggling environment of health center.

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