



REVIEW ARTICLE

Clinical history and physical examination skills — A requirement for radiographers?

Beverly A. Snaith ^{a,*}, Anne Lancaster ^b

^a Radiology Department, Mid Yorkshire Hospitals NHS Trust, Pinderfields General Hospital, Aberford Road, Wakefield WF1 4DG, UK

^b Radiology Department, Mid Yorkshire Hospitals NHS Trust, Dewsbury District Hospital, Halifax Road, Dewsbury WF13 4HS, UK

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Abstract Radiographer's roles have evolved with their scope broadening over the last 20 years culminating in the development of advanced and consultant posts. Yet one development has not been embraced, despite being inherent in medicine and a common extension of nurse and other allied health professionals' roles, is that of clinical assessment. This article explores the evolving role of the radiographer and discusses whether this should include skills in clinical history taking and physical examination. Issues for education and development will be addressed together with examples of current and potential roles.

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Introduction

Radiographer's roles have evolved significantly over the last 2 decades,¹ initially extending the traditional scope of practice² and lately by embedding these and other developments in advanced and consultant practitioner posts.^{3,4} Throughout this time radiographers have often replicated the radiologist, in both tasks and methods of service delivery. However, it has been suggested that radiographers are limited in their ability to undertake some radiology roles because of a lack of medical training.⁵

Clinical assessment

The process of patient evaluation comprising history taking and physical examination is often termed clinical assessment and may be system based or encompass the whole patient. There is no legal impediment to radiographers extending their scope of practice in this manner, indeed some already have.⁶ In 2003 the Department of Health launched the *10 key roles for Allied Health Professionals*, following on from a similar publication for nursing, this supported the establishment of new roles and skills including specifically the assessment of patients.⁷

There is recognition that radiographers are increasingly crossing professional boundaries⁸ and as with all role developments the drivers for change to the scope of practice may arise from radiographers themselves, through service

* Corresponding author. Tel.: +44 01924 213 360.

E-mail address: bev.snaith@midyorks.nhs.uk (Beverly A. Snaith).

expansion or workforce shortages within other professional groups.¹ A particularly successful area for radiographers has been accident and emergency (A&E) with the evolution of plain film reporting. However, Donovan and Manning⁵ identified that in conjunction with reporting, radiographers are now extending their practice to include assessment in order to further develop their underpinning knowledge, in particular citing the expansion of roles into those traditionally of the Emergency Nurse Practitioner. Current roles which encompass a clinical assessment component appear to have either it as a standalone element, demonstrated by radiographers who have completed the Minor Illness/Injury Nurse Treatment (MINTS)⁹ course as an adjunct to clinical practice,⁵ or alternatively where clinical assessment is seen to support and extend role developments already in place.¹⁰ In this setting radiographers are now undertaking all or part of the care pathway, including assessment, radiographic examination, image interpretation and discharge.¹⁰

Relevance to practice

So why is it appropriate for radiographers to embrace assessment skills? As radiographers have increased their contribution to the patient journey, in particular through reporting, clinical assessment can impact on how practice is delivered. Increasingly radiographers are providing initial comments or hot reports and further projections may be initiated by the radiographer based on the appearance of the initial radiographs,¹¹ which may include clinical assessment to support the decision. Most radiographers would acknowledge that they have sought additional information by eliciting the clinical history and performing a limited examination of the site of concern based on radiographic appearances. However, in these days of clinical competency and professional accountability, is there a responsibility to have basic education in clinical assessment? This is specifically true of reporting radiographers where reports may be issued stating 'clinical correlation advised', an inappropriate term if the patient was available at the time of the report.¹¹

However, these opportunities are not limited to plain film, the mammographers potential for development has been shown to include breast examination, one of the few areas where this is specifically identified within postgraduate programmes.¹² This can be seen as an adjunct to breast imaging or as a precursor to intervention. Sonographers also undertake informal assessments, often utilising the probe as an assessment tool, the sonographic Murphy's sign being a classic example.¹³ It is also suggested that although gastrointestinal specialist radiographers introduce a rectal catheter as part of a contrast examination, they should be able to undertake a full rectal examination or abdominal assessment prior to or in addition to a procedure.

Central to these, and other potential role developments is the need of both the patient and the service. There is no benefit in developing skills if they do not enhance the patients experience or the delivery of the service, or if competency cannot be maintained.

The Ionising Radiation (Medical Exposure) Regulations place the emphasis on appropriate justification of radiological procedures.¹⁴ Clinical assessment training for

radiographers can increase confidence in ensuring the patient has the appropriate examination or projection by drawing out specific findings from patients following referral.⁶ This does not demonstrate a lack of trust in the referrer, but rather that a patient's symptoms often change or additional examinations are justified by the radiographer as practitioner, based on information elicited. It is then fitting that this assessment can justify an examination and potentially further imaging rather than just stating 'mention it to the doctor when you see them'. This could be achieved firstly by empowering the radiographers to ascertain they are undertaking appropriate imaging, by performing a limited clinical examination.

Education and training

The College of Radiographers recently reviewed the role of the radiographer in image interpretation and suggested that in order to understand the clinical context of referrals undergraduate programmes should include clinical assessment.¹⁵ This approach is consistent with the levels of practice described in the *Curriculum Framework*, which expect radiographers at the practitioner level to be able to assess patients for particular intervention.¹⁶ Indeed, the Health Professions Council's *Standards of Proficiency* for registrant radiographers includes the knowledge of assessment techniques, including history and physical assessment.¹⁷ These therefore appear to be a requirement of all radiographers. But currently these radiographers do not appear to develop these skills either at undergraduate or postgraduate level, other than in multiprofessional programmes aimed at developing first contact skills.¹⁸

Radiographers currently engaged in clinical assessment have developed skills through a variety of means, including the completion of programmes of education specifically designed for other professional groups.¹⁹ The most significant post registration developments in non-medical clinical or advanced assessment have occurred in nursing, with the development of triage and nurse practitioner roles in A&E and primary care.^{20–23} These skills are most commonly developed as part of an in house training programme.²⁴ One example of this is MINTS,⁹ a route which has been used by radiographers.⁶ There are however many options for development in clinical practice with or without time in a clinical skills lab or utilisation of online resources.^{24–26} Often programmes seek to mimic the developments of medical staff with problem based learning.²⁷ But once expertise has been gained, an assessment of competency must be assured, as with any adjustments to the scope of practice.^{2,28} This may be through an objective structured clinical examination or observation of practice.^{27,29} It is important to recognise that standards of performance must at least match those of the profession with whom practice is shared,³⁰ which in these circumstances will often be either the medical or nursing profession. A review of performance must however not be a single occurrence, but rather be part of an ongoing continuous professional development and audit programme to ensure competence is maintained. Indeed, assessment skills can only be retained by actual clinical practice and exposure to the opportunity to undertake examinations must be ensured.

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