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The Safe Clinical Assessment: A patient safety focused approach to clinical assessment☆,☆☆,★

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SUMMARY

Medical consultations are complex and multi-faceted, requiring that nurses develop a sound knowledge and skill base in a wide variety of different areas, from communication skills to clinical reasoning and from physical assessment skills to prescription writing. Clinical assessment is an integral part of the medical consultation process, although it is often taught as a stand-alone module in nurse education programmes, such that nurses at different levels in their training will learn these skills. This article describes how patient safety skills and practices can be incorporated into clinical assessment teaching for nurses at all levels of training but especially within training programmes for Emergency Nurse Practitioners, Nurse Practitioners and for nurses involved in the assessment and management of patients with minor illnesses.

Introduction

One of the problems inherent in teaching clinical assessment as a stand-alone module is that it can be difficult for the student to appreciate the role that clinical assessment plays within the consultation process as a whole. Clinical assessment should be viewed as the tool in the consultation process that enables the nurse to move from the symptom that the patient presents with to the diagnosis and management of the patient. Placing clinical assessment within this context is important because it needs to be appreciated that a clinical assessment of the patient involves more than simply a medical assessment of the symptom. An example of the need to place clinical assessment within the context of the consultation as a whole would be the assessment of a patient with a minor head injury in the Emergency Department, or in Primary Care. An appropriate clinical assessment would include taking a social history from the patient, not because it would contribute to the assessment of the head injury itself but because it is important in the subsequent management of the patient. This demonstrates the importance of not "disconnecting" clinical assessment from the rest of the consultation process.

Concerns over patient safety, in the widest sense, have grown considerably over the past decade, resulting in the development and publication of the 2011 World Health Organisation (WHO) Patient Safety Curriculum Guide, which highlighted the need, worldwide, to improve patient safety and to teach patient safety-oriented skills, attitudes and behaviours to all health care professionals (Ellis, 2009; Tingle, 2011). To a large extent, this document represents a response to the challenge of increasing mortality and morbidity rates arising from medical errors and the human and financial cost of this. Emphasising the need to place patient safety at the heart of every consultation and each clinical assessment is one way in which risk reduction can be achieved and patient safety improved (Silverston and Stewart, 2012). The author is involved in teaching Consultation and Clinical Assessment Skills on a number of different medical and nurse education programmes, in which the concepts of "Safe" Consulting and "Safe" Clinical Assessment are discussed. These sessions have been well-received and well-evaluated by those who have attended them. There are a number of key components within the "Safe" Consulting/"Safe" Clinical Assessment curriculum and simple visual models can be used to demonstrate how patient safety skills and attitudes can be applied to the consultation/clinical assessment process. The first of these is the Model of Illness (Silverston, 2012).

The Model of Illness

A fundamental principle in "Safe" Consulting/"Safe" Clinical Assessment is to show that there is a relationship between illness and consulting and that this has a profound impact on both the consultation and the clinical assessment process. The Model of Illness is a simple, visual model in which the relationship between symptoms and time is demonstrated, visually (Fig. 1). This model can be used to explain to students the importance of knowing about the natural history of an illness, so they can learn patterns of illness that encompass both the early and late presentations of an illness. This is of particular importance in understanding how any

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given illness can present in different ways, depending upon when the patient is seen and also in helping students to fully appreciate the dynamic nature of illness. In order to learn about a pattern of illness, one has to know how the illness develops and in order to give appropriate safety-netting advice, one needs to know how an illness progresses. A classic example of how this is used in clinical practice is the content of a minor head injury advice sheet, where the patient, or their relative, is asked to look out for the early signs and symptoms of a worsening head injury. The natural history of a progressive head injury is taken into account in the advice that is given. The same applies to the advice that would be given to the mother of a feverish child, in terms of looking for the signs and symptoms of meningococcal disease. One cannot give advice on what to look out for unless one knows what the natural history of the illness is, which is based upon the change in symptoms over time.

The second way in which the Model of Illness is helpful is in explaining that illness is a dynamic process and that a single point in time clinical assessment in an evolving illness process is fraught with difficulty and danger. In particular, when patients present early in an illness, before disease-specific signs and symptoms have developed, clinical assessment can fail to elicit any worrying signs and symptoms and yet the patient may already be on the "Red Line" slope to disaster. This is not because the clinical assessment has been inadequate but simply because the patient may be presenting too soon for the "Red Line" illness to be detected. Teaching the limitations of a single point in time clinical assessment in a dynamic and evolving illness process is as important as teaching the student how to perform a clinical assessment. Students need to appreciate these limitations, so that they can place their clinical assessments within the overall context of the illness process. Failure to do so may result in patients and their relatives being given false reassurance and inadequately safety-netted. Many of the tragic events that are widely-publicised in the media involve the assessment of a patient who presented early in their illness, before disease-specific signs and symptoms were present and were sent away, only to re-present later with very obvious "Red Line" signs and symptoms. Clinical assessment teaching needs to prepare students for the real difficulties and dangers inherent in assessing patients during the early phase of an illness, so as to reduce the risk to these patients. This is the basis of giving-out head injury advice to patients who have been assessed as having a minor head injury but whose head injury may progress after they have been sent home.

The Model of Illness can also be used to help explain the problems that can be experienced with diagnostic uncertainty when patients present early in an evolving illness, as many illnesses will share non-specific signs and symptoms, such as fever, headache, or malaise. Most of these illnesses will follow the "Blue Line" course but some will be early presentations of a "Red Line" illness, in which the signs and symptoms have yet to develop to the point where they will be detected within a clinical assessment. In early presentations of illness, clinical assessment may not enable one to distinguish between a child with a cold and one with meningococcal disease, or an adult with gastroenteritis and appendicitis, or one with irritable bowel syndrome and carcinoma of the colon. Clinical assessment teaching needs to highlight the need to manage diagnostic uncertainty safely by always excluding the worst-case illness, first and by recognising the limitations of a single point in time assessment in an evolving illness process by always safety-netting the patient for the possibility of misdiagnosis and consequent treatment failure. Since clinical assessment is what connects the symptom that the patient is presenting with to both the diagnosis and the management of that patient, a clinical assessment that fails to detect a "Red Line" illness will result in the patient receiving an incorrect diagnosis and treatment. That is why clinical assessment teaching is so important and must contain within it aspects of patient safety training, especially in the safe management of diagnostic uncertainty and in acquiring good safety-netting skills.

Understanding the relationship between illness and clinical assessment and the relationship between symptoms and time is important because of changes in patient behaviour and the ever-increasing accessibility of health care. Patients are presenting much earlier in the course of their illnesses as health care options, media campaigns for serious illnesses (such as meningococcal disease) and medico-political pressures increase. Understanding the relationship between illness and clinical assessment enables us to respond to this challenge. The need to appreciate that symptoms change over time and that the same illness can present in different ways depending upon when the patient presents cannot be over-emphasised. Students learn patterns of illness from lectures and from textbooks which often present illnesses in their established form, simply because the diagnosis is much easier to elicit when one has disease-specific symptoms and signs. However, patients are now presenting at a stage in their illness when these disease-specific signs and symptoms have yet to develop, so students need to learn patterns of illness that include the early and evolving presentations of illnesses.

Another way in which the Model of Illness can be of value in teaching clinical assessment and consultation skills is in showing students how the change in symptoms over time can be used to our advantage in the re-assessment of patients (Fig. 2). For example, one can perform repeated single point in time assessments over a period of time on an Observation Unit, or one can arrange for the patient to be reviewed at a time in the future when one would have expected the "Blue Line" illness to have resolved, or the "Red Line" illness to have progressed, to the point where a diagnosis can be made. The third option is to safety-net the patient, such that the re-assessment is performed by the patient or relative which can either be symptom-based ("come back if the symptoms worsen, or new symptoms develop"), or time-based ("come

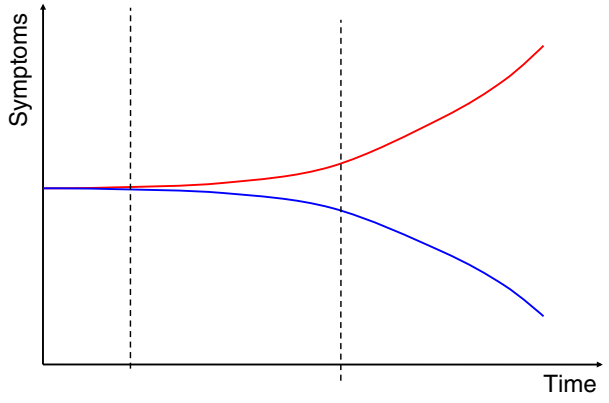

Fig. 1. The Model of Illness.

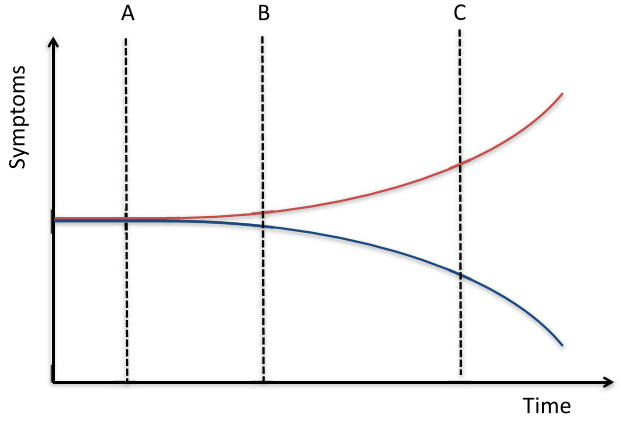

Fig. 2. The Model of Symptoms vs Time.