Teaching Patient-Centered Safety-Netting in Primary Care

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Abstract

In primary care, it is common for patients to present during the early stages of illness with non-specific symptoms, at which time the positive clinical findings in the history and examination that enable a clinician to make a firm diagnosis, or to discriminate between a serious and minor illness, may not have developed. Where diagnostic uncertainty exists, there is a need for the doctor to provide safety-netting advice so as to reduce the risk of

expectation that a competent clinician is always able to make an accurate diagnosis.]s assumption is reinforced by popular medical television programmes, such as "House", where it appears that diagnostic uncertainty can always be solved by doing more investigations, or considering more esoteric diagnoses. If patients do not understand the limitations of clinical assessment in early illness and the d] cult]es of formulating a diagnosis when the positive f nd]n[s required for this have yet to develop, then they will struggle with the concept of diagnostic uncertainty and the need for safety-netting advice to be provided. Inherent in the principles of safety-netting is the possibility that the doctor has not been able to make a f rm

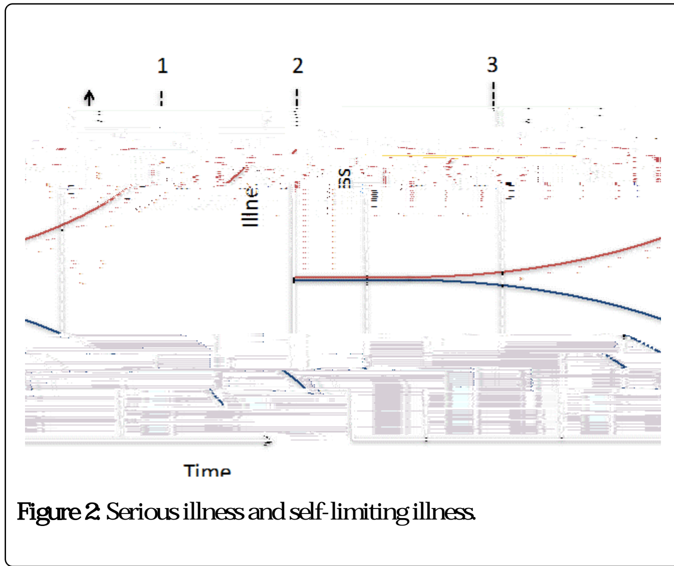

Figure 2: Serious illness and self-limiting illness.

If one applies these f [ures to the natural history of a head injury initially assessed as being "minor", one can easily explain the medical contents of the head injury advice sheet but also why time is being used as a diagnostic tool in an evolving disease process. e initial injury may not result in any clinical or radiological evidence of a serious head injury. Subsequent to that assessment the injury may progress, due to bleeding or swelling, resulting in the development of new symptoms and signs. e head injury advice sheet contains information on the earliest symptoms and signs of this happening, as well as the later ones and explains and emphasizes the need to monitor the patient for these occurring. Not only can these f [ures be used to aid communication skills teaching in providing safety-netting advice but they can also be used in delivering safety-netting advice to patients both verbally and in writing.

In Summary

In primary care, patients o en present so early in an illness that it is not possible to determine whether the patient is in the early stages of a serious or a minor illness, as the diagnostic reasoning process requires the presence of positive and negative f nd]n[s to formulate a diagnosis. e e absence of these f nd]n[s during the early stages of a serious illness can create diagnostic uncertainty, which needs to be managed safely through the provision of safety-netting advice. Safety-netting is an essential part of safe practice in primary care and the principles and best practices of this need to be taught in both undergraduate and postgraduate medical training programmes. ere is evidence to suggest that incorporating a patient-centred approach into safety-netting advice information is benef c]al and that advice is more likely to be acted upon by the patient, or their relatives [7]. Whilst some may see safety-netting as a form of defensive medicine, it should be seen as a form of "protective" medicine, there to protect both the patient and the doctor from the limitations fme] Mor Ë Ë ion ne] Mor e