

In this edition

Editorial

Welcome to the second issue of the Clinical Communiqué.

We are thrilled by the overwhelming response we have had from the healthcare community to our return in September. We thank all our readers, new and old, for your encouragement and subscription. It is a resounding acknowledgement of the importance that individuals and organisations place on patient safety, and learning from healthcare-related deaths.

In this issue we present three cases where the lessons to be learnt relate to clinical deterioration, and the failure to recognise or respond appropriately to early warning signs. When confronted with an unwell patient, there must be strong systems in place to provide support for the individual clinician to effectively identify, escalate and safely manage the situation. Strategies to strengthen systems include protocols to aid communication, processes that support good clinical decision-making, and sufficient resources to allow escalation of care.

The process of decision-making forms the core of our work as clinicians. At the beginning of our careers we learn about clinical conditions and management options in great detail. We make our clinical decisions in a slow methodical manner, deliberating and appraising the 'book' knowledge we learnt.

We then spend many more years having our decision-making processes shaped by our clinical experiences. We start to take unconscious shortcuts, making decisions influenced by the familiarity of mental models formed by previous experience. The challenge in our work becomes knowing when to stop, think and most importantly 'rethink'.

When we are fatigued, sleep deprived, or inattentive due to juggling multiple tasks, we are more at risk of errors in our clinical decision-making. External stressors of being time-poor, resource limited, working in a different environment, or with a scenario we have not encountered before, can compound these factors even more. It becomes a fine balance to find an approach to decision-making that allows us to work efficiently, but think effectively and practice safely every time.

We can all form views to which we become anchored and, once formed, a view can be difficult to shift. If that view is an incorrect diagnosis, it may continue on throughout a patient's healthcare journey. Therefore, it is imperative to recognise that there are many 'red flags' that should make you stop and think, but if missed, may be catastrophic. 'Red flags' include patient re-presentations, when family express concerns, referrals from other healthcare professionals, disproportionate symptoms, or signs that prevail despite therapy. Each of the cases in this issue highlights some of the traps for misdiagnosis and the errors that occurred in the subsequent management. The expert commentary follows on with an incisive overview of the concepts behind decision-making processes in clinical settings.

As we approach the end of 2014, our team are excited about the future of the Communiqué and are busy planning for 2015. Please continue to spread the word to your colleagues and encourage them to read and subscribe to our publication.

Thankyou for your support and we wish you a safe and happy New Year.

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