

# Assessment in Context and in Practice

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- SEN-SRN conversion course
- 31<sup>st</sup> October 2006

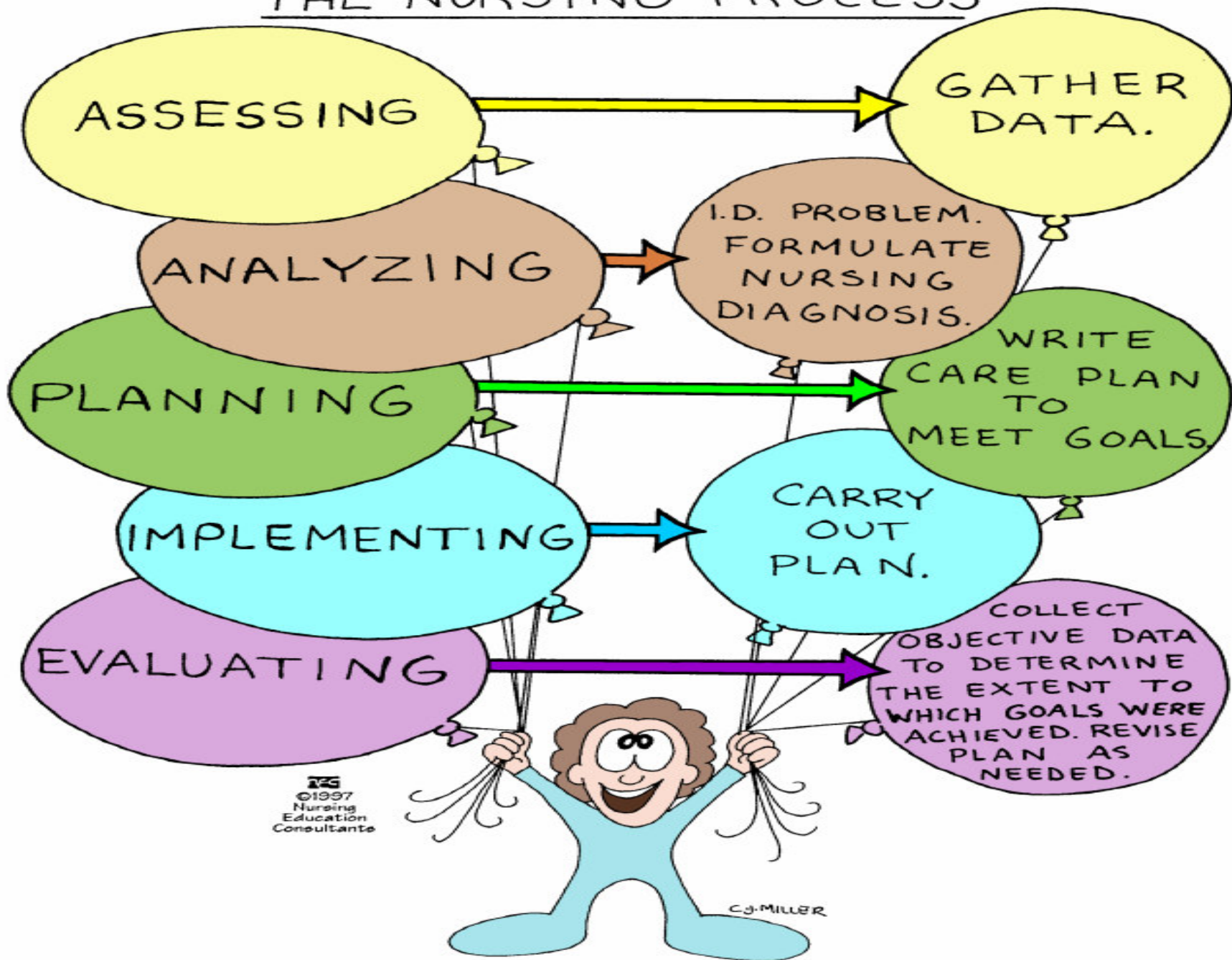


## **Aims of the lecture**

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- Understand the importance of assessment as part of the nursing process
- Identify the factors that can influence the initial assessment
- Understand how these factors can influence the assessment of our patients in nursing practice
- Discuss how to reduce these barriers that hinder assessment

# THE NURSING PROCESS



# Nursing Assessment

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- Is the most critical step in the nursing process
- Answers the questions: “What is happening?” (actual problem), or “What could happen?” (potential problem)
- Involves collecting, organizing, and analyzing information/data about the patient
- Nursing assessment involves two parts:
  - Data collection
  - Data analysis

# Data collection

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- Types of data
  - *Subjective*: “symptoms” that the patient describes; e.g. “I can’t do anything for myself”
  - *Objective*: signs that can be observed, measured, and verified; e.g. swollen joints
- Sources of data
  - *Primary*: the patient; is always the best source
  - *Secondary*: everything/everybody else

# Methods of data collection (1)

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- ***Observation***

- Requires practice and skill  
Systematic, head-to-toe (cephalocaudal)
- Results in objective, factual information
- Document exactly what you observe  
e.g. “Yawned frequently, had dark circles under eyes” NOT “Patient seems tired”

## Methods of data collection (2)

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- ***Interview***

- Structured form of communication
- Purpose: to provide care specific to this individual's needs and problems  
Focus: patient's perceptions  
Nurse must: explain purpose of interview, provide comfort and privacy, ensure confidentiality
- Result: A comprehensive Health History

## **Methods of data collection (3)**

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- ***Physical Examination***

  - Inspect**

  - Palpate**

  - Percuss**

  - Auscultate**

- Nurse must: explain what you are doing, provide privacy, and ask permission before you touch the patient



# Methods of data collection (4)

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- Assessment of memory:
  - An interview of a health care professional assessing the patient's mental state



## **Activity 1: What are the barriers that hinder the nursing assessment?**

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- Environmental factors
- Factors related to the patient
- Factors related to the assessor (e.g. nurse)

# What are the barriers that hinder the nursing assessment?

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- Environmental: Time constraints, noise, adequate place
- Related to the assessor
  - Lack of communication skills
  - **Generalising**
  - **Assuming,**
- Related to the patient
  - Physiological: Communication, Pain, Cognitive, physical illness, medication
  - Psychological: Anxiety, Stress, depression, worry
  - Social: 'Sick role', Relative's involvement
  - Cultural: language
  - **Patient's perceptions** based on one's own experiences

## **Generalising: stereotyping**

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- Definition: A conventional, and oversimplified conception, opinion, or image.
- Grouping people as if they are all the same
- With limited information about our patients, our initial assessment is often based on or subconscious knowledge and experience of other people we consider similar
- Based on our own attitudes values of beliefs of the patient

## **Example of generalising**

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*Mary was 77, youthful and agile until the day she tripped and fell while running to catch a bus and fractured her neck of femur. The surgeons inserted a partial hip replacement on the grounds that because of her age, she would lead a fairly inactive lifestyle. Six months after the surgery, Mary was still using sticks was in considerable pain and fell several times after the operation.*

## **Example of generalising (cont)**

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*Her daughter went to ask the doctor whether the treatment she had received was the most appropriate for her lifestyle. The consultant told them that as Mary was 75, it was assumed she would not be doing much walking or would be in a home and treated accordingly. He also told her to stop blaming the original accident for her falls. 'You are old, and when you get old you fall a lot.' At the age of 80, Mary is still waiting for her turn for a full hip replacement to 'get back to where I was before my accident'.*

## Activity 2:

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- Can you think of any similar incidents, either
  - a) Where you or a member of your family was a patient, or
  - b) Involving one of your clients

Were stereotyped to a particular group and led to inappropriate individual need being identified?

## **Assuming**

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- An assumption is a proposition that is taken for granted, in other words, that is treated for the sake of a given discussion as if it were known to be true.



## **Example of assuming**

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*Mr Rogers was a long-stay patient in an elderly care ward. One afternoon, a registered nurse was helping him to go out: his son was taking him to see his grandchildren. Later on, the nurse reported that Mr. Rogers was confused, which was unusual, but she thought it was probably owing to excitement.*

## **Example of assuming (cont)**

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*In fact, Mr Rogers was not in the least confused. His mother, a sprightly lady in her 90s, hated hospitals so much that she wouldn't visit her son there, so she was using this opportunity to meet her son for the first time in three months*

## **Activity 3:**

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- Can you remember of incidents similar to these scenarios in which you or someone else misunderstood the information received from a patient and as a result a wrong assessment was made?

## **Patient 's perceptions**

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- Just as we, as nurses, often make judgements about groups , or types of groups of patients, using generalisations and assumptions based on past experience, so our patients too, are assessing us and the situation they find themselves.

## **Example of patient' s perceptions**

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- Brenda, 53, remembers being taken to hospital when she was 3 as a result of her sore throat. A nurse came who gave her an injection in her arm. Screaming, she was picked up and taken to what now realises was an operating theatre. The only other things she can recall are her parents visiting her in the ward, and not returning until the new day

## **Example of patient's expectations (cont)**

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- Ever since then, if Brenda has had to go to hospital, she has made every effort to be in control. She never allows relatives, to visit, and makes sure that she is discharged as soon as possible. Her greatest fear is of losing control to the hospital staff, and thus reliving her terrifying experience of 40 years

## **Activity 4:**

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- How do you think will Brenda react when the nurse carries out the initial assessment especially to gather confidential information (e.g. information related to sexuality prior a hysterectomy)?
- What will you do if faced with such a patient?

## **Conclusion: Reducing these barriers that hinder assessment**

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- The two-way filters which operate between us and our clients can affect the assessments we make of them and their individual needs
- Ways how to hinder these barriers:
  - Understand one's own and the patient's filters
  - Collect data as objectively as possible through the use of standardised assessment forms
  - Include subjective information in the documentation which allows for 'social circumstance', 'home situations', or previous experience of hospital admission' to be documented'.
  - Evaluate how accurate our initial assessment in the light of how well the patient responded to the care given