




SKILLS

CONSULTATION SKILLS

Follow up and safety netting

General practice is characterised by longitudinal care, with multiple patient care episodes over time. The basis of effective continuity of care is appropriate patient follow up. Additionally, there are medicolegal requirements for GPs to adequately follow up their patients. The term 'safety netting' was introduced by academic GP Roger Neighbour as a key strategy in follow up to help manage uncertainty. How and when to follow up patients, and how to effectively safety net, are common concerns for GP registrars, especially those early in their training.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> Natural history of common general practice presentations Red flag symptoms for common undifferentiated problems e.g. headache, back pain Medicolegal requirements for follow up of patients Practice policy and billing procedure for follow up appointments Management of investigations and follow up processes Use of practice software recall and reminder systems How to conduct effective safety netting 		
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> Read the 2009 BJGP paper Diagnostic safety-netting 		
ACTIVITIES	<ul style="list-style-type: none"> Suitable methods to teach registrars about follow up and safety netting include problem case discussion, random case analysis and role play. See over page for activities 		
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> Follow up of patients is an excellent learning opportunity Telephoning patients for follow up can be a time efficient method Consider the 'three-direction' model of follow up – what to do if the patient gets better, stays the same, or gets worse A recent literature review recommended that safety netting should include discussion of uncertainty, red-flag symptoms, likely time course, access to further medical care, follow-up, and the management of investigations Safety-netting is particularly important in the context of undifferentiated presentations with the potential for serious illness (e.g. febrile child), diagnoses with a known risk of serious complications (e.g. bronchiolitis, mental health) and patients with an increased risk of complications (e.g. comorbidities) Comprehensive safety-netting is critical for telehealth consultations Always document follow up and safety netting advice in the medical record 		
RESOURCES 	<table border="1"> <tr> <td data-bbox="335 1841 432 2007">Read</td><td data-bbox="432 1841 1493 2007"> <ul style="list-style-type: none"> 2019 BJGP paper Safety netting for primary care: evidence from a literature review 2013 AFP article The duty of GPs to follow up patients AVANT factsheet 2020 Patient follow up and recalls </td></tr> </table>	Read	<ul style="list-style-type: none"> 2019 BJGP paper Safety netting for primary care: evidence from a literature review 2013 AFP article The duty of GPs to follow up patients AVANT factsheet 2020 Patient follow up and recalls
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FOLLOW UP AND EXTENSION ACTIVITIES	<ul style="list-style-type: none"> Registrar to undertake a mini-audit of 5 patients who presented with an undifferentiated presentation and review the notes for documentation of follow up and safety netting advice 		

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Activity

ROLE PLAYS

Role play the following cases with your registrar, with a focus on follow up and safety netting.

Case 1

You have just seen Bill, a 78 year old man with a 48 hour history of a red, painful lower left leg. He is afebrile and otherwise feels well. You have made a diagnosis of cellulitis and written a prescription for antibiotics. You discuss the importance of rest and elevation of the leg.

Role play your approach to follow up and safety netting with Bill.

Case 2

Harriet is a 10 month old girl who has been brought in by her mother Stevie with a runny nose, cough and wheeze. You make a diagnosis of mild bronchiolitis and feel that she is safe to go home. You discuss symptomatic management.

Role play your approach to follow up and safety netting with Stevie.

Case 3

Shamila is a 25 year old university student who presents to you with abdominal pain. She describes a 36 hour history of central abdominal pain which is crampy and severe at times. She has no associated GI or GU symptoms. Physical examination reveals mild central abdominal tenderness but no other features, and she is afebrile. Shamila has no significant past medical history and takes no medications. You are uncertain as to what is causing her pain but reassured by the examination findings.

Role play your approach to follow up and safety netting with Shamila.

Case 4

Shane is a 45 year old painter whom you have been seeing over the past few months after a relationship breakdown with his wife. He has been feeling increasingly depressed and anxious and on review today has expressed some suicidal ideation but no plans of harm. After discussion, he agrees to commence sertraline. You assess his safety and feel confident that he is OK to go home.

Role play your approach to follow up and safety netting with Shane.