The following are general comments about the structure and content of an academic essay written for university – they are not prescriptive and intended as an educational guide only.

IMPROVING SAFETY AND QUALITY IN HEALTHCARE

Q: Critically evaluate the following statement:

Comprehensive clinician accountability and clinical governance reduces the likelihood of errors being committed in the delivery of health care.

Clinical governance and clinician accountability are integral concepts in today's modern healthcare sector. The purpose of this paper is to critically evaluate the statement that comprehensive clinician accountability and clinical governance reduces the likelihood of errors being committed in the delivery of health care. After key definitions are initially identified, the concepts of comprehensive clinician accountability, clinical governance and the link between the two are then explored in the context of their effects on the potential for, and incidence of, clinical error with reference to current literature.

Contemporary definitions of safe healthcare have revolved around the provision of care free from the occurrence of preventable harm and avoidable adverse client outcomes (Institute of Medicine 1999; Isaac et al. 2010). Early Australian research suggested that individual, technical and organisational factors could all contribute to adverse events and that up to half of all such events may be potentially preventable (Wilson et al. 1995). Several common risk factors for the occurrence of adverse client outcomes and clinical error have been identified including clinician misjudgement, interpersonal interaction shortcomings, insufficient policy, inadequate clinical practice frameworks and support systems and the existence of clinical systems with vulnerabilities related to deliberate misuse behaviours (Chang et al. 2005; Lingard et al. 2004; Patel & Cohen 2008). The relevance of such risk and causative factors to client safety may remain consistent regardless of the severity of the outcomes of clinical error (Bartlett et al. 2008).

The topic of error in the healthcare environment has been the subject of considerable focus. Although the identification of a precise definition of error applicable to all healthcare settings has proved somewhat nebulous, common themes have emerged which may prove useful in outlining the concept with regard to human factors. Error committed in the processes of care delivery may be broadly defined as any individual or group action or inaction which represents a deviation from planned or accepted normal practice (Patel & Cohen 2008). Errors may be classified across a wide variety factors including the severity of their effects, their ability to be anticipated and prevented, the awareness of the healthcare providers in the

Commented [A1]: The introductory paragraph is clearly linked to the assignment question which requires the student (the writer) to present a **critical evaluation of an approach to health services that reduces errors and adverse events in a clinical context.** The intention of this assignment is to also focus on how an understanding of error and adverse events relate to **overall patient safety**.

For advice on writing an introduction, go to: https://www.uts.edu.au/current-students/support/helps/self-help-resources/academic-writing/essay-writing

Commented [A2]: This is the **thesis statement** that clearly articulates the **purpose** of the writing.

Commented [A3]: Explains the relevance and significance of the topic. This sentence also functions as an **outline or preview** and maps the content of the essay in order to prepare the reader for the what is to follow. To see how this outline is actually executed in the essay, refer to further comments below.

Commented [A4]: Explicit **topic sentence** conveys the theme of this particular body paragraph (often placed at the beginning of the paragraph). Definition of specific **terminology** is provided here. This ensures that the writing is suitable for a general educated reader. The paragraph continues to **elaborate on the theme** providing **evidence from academic sources** of literature.

Commented [A5]: **Concluding statement** summarises the main point in the paragraph which the writer wishes to emphasise and this links back to the essay question/topic.

Commented [A6]: This sentence functions as a **topic sentence** (often placed at the beginning of a paragraph) to explain to the reader the main or overall theme of a particular paragraph. The sentences that follow are **supporting sentences which help to elaborate the main topic** here.

Commented [A7]: Reference to **definition of concepts** is important in academic or specialised writing in order to narrow the scope of the topic.

process of error occurrence, the specific settings and practice aspects of error occurrence and number and profession of individuals involved (Catchpole et al. 2007; Ghaleb et al. 2005; Lingard et al. 2004).

Commented [A8]: These **supporting sentences** elaborate on the topic further to **develop the argument**.

While very few clinical errors are considered to have been committed with the intention of causing client harm, some clinical errors are deliberately committed in awareness of the associated deviation from required practice. Known as work-around behaviour, this may often be due to clinicians acting autonomously in the absence of robust practice guidance systems having independently assessed the risk associated with such practice deviations as acceptable and/or the effort of following the required practice as excessive (Vogelsmeier, Halbesleben & Scott-Cawiezell 2008). This behaviour generally occurs in the absence of robust practice guidance systems which require mandatory actions or in the presence of systems which have not been completely accepted by clinicians (Bartlett et al. 2008).

Commented [A9]: The writer is presenting a strong **argument/claim** here that is substantiated by **evidence**.

The concept of comprehensive clinician accountability may hold considerable depth of meaning. Traditionally, clinician accountability has been associated with examples of healthcare workers assuming responsibility for their decisions and the consequences of those decisions (Morden et al. 2013). However, this definition has expanded considerably in the contemporary healthcare environment. Accountable clinicians are now expected to participate in organisational initiatives, accept and adopt new systems, drive interdisciplinary collaboration and align with current evidence-based practice (Ansell & Gash 2008; Jeffs et al. 2012). The concept of comprehensive clinician accountability may also include an obligation to report errors and near misses (Waring 2005). Clinicians failing to act with accountability have been described as acting autonomously, especially in the context of teamwork and communication failures (Lingard et al. 2004).

Commented [A10]: **Key words link back to the outline** in the introductory paragraph and the assignment question. Refer to Comment [A3].

Commented [A11]: The writer's voice uses **hedging language** such as "may". This is characteristic of academic writing and conveys the **writer's opinion or attitude** (modality).

Commented [A12]: Notice the **formal, academic style and tone** which is reflected throughout this essay. Important points are made in an **objective** way.

For a guide on the difference between **formal and informal language**, go to: https://www.uts.edu.au/current-students/support/helps/self-help-resources/grammar/formal-and-informal-language

Clinical governance may be defined as the frameworks and processes by which an organisation drives continuous improvement across all aspects of healthcare operations (Som 2004). Client safety has long been recognised as a core aspect of health service quality (Institute of Medicine 1999). A significant proportion of clinical governance may therefore be considered to be related to improving client safety, with reduction in clinical error being a key aspect of this goal (Patel & Cohen 2008). In that respect, effective clinical governance may involve the development and implementation of systems and practices designed to reduce the risk for error along with the analysis of the causes and contributing factors of clinical errors with a view to enhancing systems and safeguards to reduce the risk of the recurrence of similar errors (Braithwaite et al. 2006; Jeffs et al. 2012). The involvement of all levels of management within healthcare organisations right up to the board

Commented [A13]: Further definitions of specific **terminology** are provided here. This ensures that the **scope** of the essay continues to be appropriately focussed.

Commented [A14]: It is important to use literature (evidence) to support the argument. For help on **synthesising ideas** and how to **paraphrase**, go to: https://www.uts.edu.au/current-students/support/helps/self-help-resources/academic-writing/paraphrasing

may be required for clinical governance to achieve high levels of effect, consistency, accessibility and continuity (Conway 2008). This may also include the identification and provision of appropriate levels of service and resource availability, both of which contribute to client safety and outcomes (Thrall 2004).

The Australian Commission on Safety and Quality in Healthcare implemented the National Safety and Quality Health Service Standards in 2012. These standards were designed to provide guidelines aimed at increasing safety and quality across specific practice areas, with clinical governance identified as an overarching core aspect of health service safety and quality (Australian Commission on Safety and Quality in Healthcare 2012). The evidence-based nature of these standards reflects the requirement for clinical governance initiatives to be founded upon research and prior learning (Thrall 2004). The widespread belief that clinical governance supports client safety may be further substantiated by the existence of independent organisations such as the Clinical Excellence Commission (2012) dedicated to the identification and implementation of safe and appropriate evidence-based practice.

The concepts of comprehensive clinician accountability and clinical governance may be considered complementary and interdependent. The effectiveness of clinical governance may be significantly determined by the level of participation and engagement of healthcare workers (Ansell & Gash 2008). Similarly, the successful participation and engagement of healthcare workers in organisational systems and identified practice requirements may be reliant, to a large extent, on the quality of clinical governance they act under (Sawka et al. 2012). Improvements in client safety may therefore require both clinical governance frameworks and the participation of clinicians through practicing with accountability (Balding 2005). The presence of both comprehensive clinician accountability and clinical governance may thus be considered to hold greater potential for reducing the likelihood of error in care delivery than the presence of either concept only.

Given the suggestion that up to 50% of errors committed in the delivery of healthcare may be avoidable, the identification and actioning of factors contributing to these errors may be considered imperative (Wilson et al.1995). For all errors, even those considered unavoidable at the time of occurrence, clinicians acting accountably under effective clinical governance may reduce the likelihood of future recurrences of similar errors through the examination of such factors and the creation of mitigating strategies (Braithwaite et al. 2006; Lingard et al. 2004). Conversely, the absence of clinical governance and the presence of autonomously acting clinicians both hold minimal scope for reducing the risk of error occurrence (Jeffs et al. 2012). This may be particularly relevant to the reporting of error and near misses by the

Commented [A15]: Representative of the essay overall, the writer provides **evidence** from a **range of sources**, including academic journals (primary and secondary) AND official government literature, demonstrating that they have undertaken **extensive reading and research.**

Commented [A16]: This functions as a connecting word to indicate a similarity between two facts. **Linking words** help the reader to see a relationship between ideas.

For more information on linking words (sometimes called **transition signals**), go to: https://www.uts.edu.au/current-students/support/helps/self-help-resources/grammar/transition-signals

Commented [A17]: **Positive aspects** relating to the subject matter are referred to here. This helps to link back to the main issue of clinical error and renders a more 'balanced' discussion in the essay. **Concluding statement** summarises the main point in the paragraph which the writer wishes to emphasise and this links back to the essay question/topic.

Commented [A18]: **Clearly and succinctly evaluates the impact** of the issues relating to the delivery of safe patient care.

Commented [A19]: Note the effective use of **transition signals** (connecting words). These are linking words that connect ideas and add cohesion. This makes it easier for the reader to understand.

For more ideas on how to use **transition signals** in writing, go to: https://www.uts.edu.au/current-students/support/helps/self-help-resources/grammar/transition-signals

clinicians involved, an occurrence which may be much more likely in the presence of clinical governance cultures and frameworks focusing on staff and systems development rather than blame (Waring 2005).

Comprehensive clinician accountability and clinical governance both shape, and are dependent on, organisational culture. Poor leadership and cultures of blame have been associated with ineffective management of errors and identified risks (Bartlett et al. 2008). It has been suggested that transparency, integration of care and stakeholder engagement are essential values in the development of reliably safer healthcare organisational cultures (Leape et al. 2009). The combination of accountable clinicians and comprehensive high-quality leadership may drive the growth of organisational cultures which are innovative, proactive and dedicated while shifting the focus of error management from blame to root cause analysis, staff support and systems enhancement (Braithwaite et al. 2006; Jeffs et al. 2012; Waring 2005). Such cultures may further reduce the risk for error occurrence through the reduction of workplace stress, a known contributor to preventable error (Catchpole et al. 2007). Enhancing health professional commitment and organisational culture may also reduce the incidence of work-around behaviours, especially in the presence of increasingly robust systems which prevent such behaviours (Holden 2010).

Despite over a decade of focus on improvement in client safety, evidence for the actual progress made towards client outcomes has been scant, with results having proven difficult to quantify (Pronovost 2010). This may be partially due to limitations regarding outcome measures focusing on quality rather than safety (Pronovost, Miller & Wachter 2006). The development and widespread implementation of accurate client safety measures through effective clinical governance may contribute to demonstrated improvements in client safety including reductions in preventable errors (Chang et al. 2005; Patel & Cohen 2008; Pronovost 2010).

Comprehensive clinician accountability is a multifaceted concept which includes aspects of transparency and active dedication to expected practices and outcomes. The support and guidance provided by clinical governance may enable clinicians to practice with accountability. In addition, effective clinical governance may drive the ongoing development and implementation of evidence-based practice and safer, appropriately-resourced systems. The combination of both concepts may create a culture of innovation and allow for the consistent mitigation of known risk factors for error. Additionally, this may allow for the application of learnings from the examination of errors and their causes, resulting in achieving reductions in the risk for similar errors recurring. Ideally, in the future, healthcare

Commented [A20]: Notice the use of the **key words** here that are linked to the essay question/topic. This helps to connect this paragraph with the **essay outline/preview** mentioned in the introduction. See Comment [A3].

Commented [A21]: Addresses **negative aspects** on the subject matter here. This helps to link back to the main issue of clinical error and renders a more 'balanced' discussion in the essay.

Commented [A22]: **Reframing of the essay question** within the context of maintaining or improving patient safety, demonstrating a depth of knowledge.

Commented [A23]: Reference to gaps in the literature or information which demonstrates that the writer is exercising **critical thinking** skills.

For more information on **critical thinking skills**, refer to: https://www.uts.edu.au/current-students/support/helps/self-help-resources/academic-writing/critical-thinking-skills

Commented [A24]: Conclusion effectively and succinctly **summarises the key points** of the essay (and does NOT introduce any new information/evidence at this stage).

Commented [A25]: This functions as a connecting word to introduce another point or fact. **Linking words** help the reader to see a relationship between ideas.

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organisations continue to achieve cultural growth through the combination of comprehensive clinician accountability and clinical governance, thereby reducing the risk for error occurrence while driving the development of both clinical systems and healthcare workers.

Commented [A26]: The writer refers to future **implications** which are highly relevant to the essay topic and this enhances the concluding paragraph.

References

Commented [A27]: There is **evidence of extensive reading** here from both Australian and international **current literature**. It is also **academically reliable, peer-reviewed** and from **authoritative sources**.

The reference list conforms to **Harvard-UTS Referencing conventions**. For a guide to this style of referencing go to: http://www.lib.uts.edu.au/sites/default/files/attachments/page/InteractiveHarvardUTSGuide.pdf

Always check with your course/subject co-ordinator, lecturer or tutor exactly which referencing system you should use. Some assessments specify that the reference list should appear on a **separate page**.

Please also check whether your reference list should/should not be included when submitting work electronically through **Turnitin®**.

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