

## 医師－看護師間における症状アセスメントのずれの把握

～簡易精神症状評価尺度，概括重症度を用いて～

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### Study of the gap between assessments of clinical signs in psychiatric inpatients by attending psychiatrists and ward nurses

– Using brief psychiatric rating scale and clinical global impression scale –

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#### 要旨

精神疾患では，検査データや機能的な変化などのように目に見える形で症状が現れ難く，患者の症状を的確に把握し，適切な言葉で表現することには困難な点があると言われている．そのため，観察者によって判断や表現の仕方，重篤感も違ってくと予想される．このような理由から，本研究では，慢性期統合失調症患者 5 人に対し，医師(主治医 1 人)，看護師(18 人)が別個に独立して簡易精神症状評価尺度(BPRS)や概括重症度(CGI-S)を使用して症状アセスメントを行い，両者の判定結果を比較した．その結果，医師－看護師間で症状アセスメントのずれを生じることが多く，両者の間に共通認識ができていないことが分かった．このずれが存在するままに医療を行うことは，より良いチーム医療を提供するには問題が多い．これらのことから，症状アセスメントについて，患者の症状を誰にでも分かるように表現し，医師－看護師間で共通認識を持ったうえで情報交換やカンファレンスを行う必要があるとの学びを得た．鳥取臨床科学 4(1), 50-55, 2011

#### Abstract

Clinical signs manifested by psychiatric patients are often assessed differently by medical staff members; that is, clinical scores such as BPRS (brief psychiatric rating scale) and CGI-S (clinical global impression scale) are not the same, particularly between attending psychiatrists and nurses, while functional and imaging data can be similarly evaluated by medical staff members. It is sometimes difficult to precisely evaluate the clinical signs of psychiatric patients even with commonly used rating scales, and to express these signs appropriately. This may cause gaps in the assessment of clinical signs, the language for reporting these signs and the diagnosis of the severity of clinical manifestations by medical staff members (psychiatrists and nurses). The aim of the present study was to clarify such gaps. Five inpatients with schizophrenia were randomly selected and their medical conditions were evaluated with BPRS and CGI-S independently by attending psychiatrists and 18 ward nurses. The results of these scales were compared between the groups. As a result, common assessment and the recognition of the clinical condition of psychiatric inpatients, which should have been constant between the two groups, were not