

Values & Behaviours Workshop

10.30-11.30am Tuesday 11th July

Intended Learning Outcomes

By the end of the session, pupils will be able to:

- Work effectively in a group
- Present/discuss work to a small group
- Develop an understanding of the principles of Good Medical Practice

Session Outline:

60 minutes of small group work focusing on ethical & GMC principles, in groups of 6-7.

Resources:

Pens/white board markers/flip chart paper/blank A4 paper

2 GMC Good medical practice documents to share between the group.

Aims:

The session will encourage students to think about the GMC principles of good medical practice by considering certain situations and discussing the values and behaviours that would be expected in a doctor and medical student. Students may not know who the GMC are, please briefly discuss this with them (the GMC are a public body that manages the registration of doctors, guides education, training and standards of doctors as well as dealing with concerns about doctors and revalidation). The 4 domains of good medical practice are summarised below.

Domain 1: Knowledge, skills and performance Apply knowledge and experience to practice Record your work clearly, accurately and legibly Contribute to and comply with systems to protect patients	Domain 2: Safety and quality Respond to risks to safety Protect patients and colleagues from any risk posed by your health Communicate effectively
Domain 3: Communication, partnership and teamwork Work collaboratively with colleagues to maintain or improve patient care Teaching, training, supporting and assessing	Domain 4: Maintaining trust Treat patients and colleagues fairly and without discrimination Act with honesty and integrity

Continuity and coordination of care Establish and maintain partnerships with patients	
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Groups will be familiar with each other, so quick ice breaker/intros (5 minutes)

- The session may be run as either 2 groups of 3-4 or 1 group of 6, presenting discussion back to the group.
- Students will be given a scenario that they will have to discuss as a group. They will also have copies of the GMCs good medical practice to look at for help if needed.
- Students should identify the main issues in the scenarios as a group and then discuss them with you as the tutor (worth making a note of any important points you hear them discuss, so that can be raised when discussing the cases together.)

Please give the student scenario part 1. Clarify anything they don't understand in the case.

Scenario (student information) Part 1

10-15 minutes discussion as a group

In your group, discuss the issues of this case. You have the good medical practice guidelines to help with your discussions.

Emanuel Plaque a 3rd Year medical student is currently doing a medical rotation. The F1 (Foundation Year 1 Junior Doctor), Boris has asked you to cover for him, as there is a patient, Masie Dutton, that he forgot about down in A&E who has been waiting for 4 hours (she was supposed to be seen by the medical team). He has asked if you could go down and clerk her in.

He then tells you "just use my details, write in the notes under my name." He is confident that the patient can go home and mentions "If she looks O.K, just send her home but do it quickly so no one realises she was waiting." He gives Emanuel a signed prescription for antibiotics to give to the patient.

What are the issues in this scenario? What would you do if you were the Medical student Emanuel?

Information for tutors (10 minutes discussion to ensure they have covered the follow):

Ensure the following areas are discussed by pupils (students should try and link this to the GMC good medical practice principles)

There is a system error whereby the patient has been forgotten about, there should be systems in place to ensure errors like this do not happen. There is also some personal responsibility on the part of Boris to ensure he has his own way of managing his workload as an F1.

If an error occurs, (Boris admits his error to the F1) then it was Boris's responsibility to act to fix this error. He should have apologised to the patient for the mistake, and clerk her in.

Instead of being honest, Boris is trying to hide his mistake and makes the situation more problematic. As soon as he remembered the patient was waiting, he should have acted to ensure the patient was reviewed.

Medical students are often asked to clerk patients in, but it is not appropriate for the medical student to write in the patient's notes as someone else. This is dishonest, and not the behaviour that would be expected of a doctor, or that a medical student should agree too, even if pressured.

F1 doctors can't discharge patients without a senior review, due to patient safety issues. Therefore a junior medical student would certainly not be able to follow Boris's advice. Students are inexperienced and are likely to miss important parts of the history and examination, they may not know what tests to arrange and how to treat the patient.

Writing in the notes is a skill that we want medical students to learn but they should always, document this as themselves and identify that they are a medical student. This makes it clear to the medical team, whom the patient has seen and when.

Boris takes on a huge medicolegal risk by asking someone else to write in the patient notes under his name. This unprofessional behaviour and contradicts good medical practice, such as honesty, and trustworthiness.

If the medical student agrees to do what Boris asks, they are acting outside of the areas of knowledge, expertise and capacity as a medical student. Doctors and medical students are expected to acknowledge their own limitations and not act outside of those boundaries. They should seek support, or refer patients on.

If the medical student is the only person to see the patient, this is a serious patient safety issue. The patient may have a life threatening condition and may not be treated appropriately. This may mean the patient becomes very ill or die.

If Boris refuses to see the patient, this is a patient safety issue and would need to be escalated to a senior after discussion with Boris.

Antibiotics should be prescribed if a doctor is sure that this is necessary, they should make sure there are no problems for the patient before prescribing these e.g allergies. Boris prescribing antibiotics without seeing the patient is not appropriate, he doesn't know if she has an infection, and he doesn't know if she has allergies. This is a safety risk.

Scenario (student information) Part 2

10 minutes discussion as a group

You are Hali Lumie, also a 3rd year medical student and friend of Emanuel. You meet Emanuel in the student common room.

Emanuel explains what happened, and that he called the F1 after seeing the patient but there was no reply. The F1 had left the ward and no one knows where he is.

Emanuel wasn't sure what to do and the patient wanted to go home and said she felt fine.

He thought the patient had a chest infection, so he gave her the antibiotics that Boris prescribed and sent her home, he documented this in her notes (but as a medical student). Now the patient has left, he is now very worried and upset.

What advice you would give to Emanuel?

10 minutes discussion with tutor

It is often difficult to admit to mistakes, but honesty is an important trait that doctors and medical students are expected to have. Acknowledging errors is very important as it allows us to learn from them and ensure they don't happen again.

Discussing issues with peers is useful too.

Patient safety is the priority right now, so this would need to be escalated to a senior doctor or consultant to ensure that the patient doesn't come to any harm.

This is the first thing that Emanuel should do. Hali, could support Emanuel if he needed it when speaking with the consultant.

There are professionalism issues with the F1s request and now his absence. There may be other issues that Boris has not been dealt with, the consultant would have to review his patients and speak to Boris.

Emanuel has acted outside of his role as a medical student, it is important that Emanuel has insight of this.

Scenario (student information) Part 3

10 minutes discussion

Discuss the important aspects of the case so far.

Hali advises Emanuel speaks to a senior for advice. Emanuel speaks to the medical consultant for the ward and he explains what happened. Emanuel still feels very upset and wants to apologise to the patient.

The consultant Dr Morafa contacts the patient immediately and calls her back for a review. The patient did have a chest infection and was put on the appropriate antibiotics treatment.

The consultant explained what had happened to Maisie, he apologises and reassures the patient that the event would be reviewed, and she would be kept informed of the investigation of the event, and invited back for a meeting to explain the outcome. He completed Datix, as a way of reporting near misses and adverse events.

The consultant discussed the episode with Emanuel, and he reflected on what happened. Emanuel realised that it was unprofessional behaviour and it risked patient safety. He should have asked for senior help when the F1 couldn't be found and shouldn't have discharged the patient. But he was also praised for acting on his concerns and seeking help when he realised, and not following Boris's instructions to write under Boris's name.

The student reflected on this in portfolio and was given more support regarding professional behaviours, by the Medical school and he realised the importance of working within your capacity as a student.

The Medical team identified the errors which allowed the problem to happen, and developed a plan to ensure that they couldn't happen again.

On investigation it was found that Boris the F1 was struggling with illness which is why he made unprofessional decisions that day and left the hospital. He was given some time off to recover, and further support and supervision during his work, so he could continue in his F1 role. He also reflected on this in his portfolio.

Tutor Information (elements may have already been discussed in the previous scenario, highlight good practice too in any remaining time)

Making the patient the priority concern, and ensuring she was safe: contacting the patient seeing patient (by a senior doctor)
Duty of Candour – admitting when something has gone wrong, being honest about this with patients, including them in meetings once the investigation has completed with an explanation of the changes.
Learning from mistakes, using reflective practice (portfolios). The importance of insight into the issues, so that Emanuel can learn.
Not blaming others, but taking responsibility for your own errors.
Datix - putting systems in place to prevent errors, so that when we make mistakes, the system can still protect patients, from being missed, or discharged without a senior review
Discussing concerns with a senior (escalating appropriately)
Getting more support from the medical school to support learning from the incident, and develop and understanding of professional behaviours and expectations of medical students
Supporting ill doctors

Tutor facilitates discussion with the students about the case generally in any remaining time.