



MITS Structured Case Based Discussion  
Operating Procedures  
Version 1.0 - July 2019



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## MITS2 – an introduction

MITS aims to improve the experiences of hospitalised patients on insulin, the education of Foundation Trainees (FTs) who write most of their insulin prescriptions, and the appropriateness of the prescriptions they write. It empowers FDs to:

- Handle the inherent complexity and uncertainty of prescribing insulin
- Work well with members of different disciplines and different levels of seniority
- Respect patients' right to be involved in their own care
- Access and make good use of other people and information sources

At the heart of MITS is a simple rule of thumb to act safely in complex situations: **smac<sup>2</sup>**. This stands for: 'Situation'; 'Myself'; 'Act', 'Check', and 'Check again'. This is accompanied by some very simple 'top tips' for effective insulin prescribing. This approach helps trainees develop situational awareness, which is a key professional skill.

MITS differs from other conventional forms of education in recognising the inherent uncertainty of prescribing powerful drugs, and 'empowering' patients and professionals to support one another. The term 'empowerment' means being genuine, empathic, and respectful to others.

In addition to developing and implementing a novel way of educating foundation trainees, MITS, phase 1, identified ways of making the system of care for diabetic patients safer. These are listed on the next page.

In recognition of its success, MITS won one national award and was finalist in another. The Health Foundation has now awarded substantial funding for a second phase. The feature of MITS that is most novel, and has attracted most praise, is the way it involves all key stakeholders – patients, nurses, pharmacists, and doctors. We will now build on this.

The title of 'MITS2' is:

### **Empowering prescribers to empower patients and fellow professionals; a novel approach to safe person-centred practice**

Its goals are to:

- Make MITS sustainable into the future for NIMDTA trainees
- Extend the **smac<sup>2</sup>** approach to pharmacist and nurse trainee-prescribers
- Educate all prescribers to involve patients in prescribing decisions
- Implement MITS fully in 2 'flagship' Trusts (South Eastern and Western Trusts) and extend its implementation in other trusts
- Share our novel ideas with patients and professionals in other parts of the UK and beyond.

*MITS2 is led by the South Eastern Health and Social Care Trust in partnership with the Western Health and Social Care Trust, Northern Ireland Medical and Dental Training Authority, Northern Ireland Centre for Pharmacy Learning and Development, Ulster University, and Queen's University Belfast*

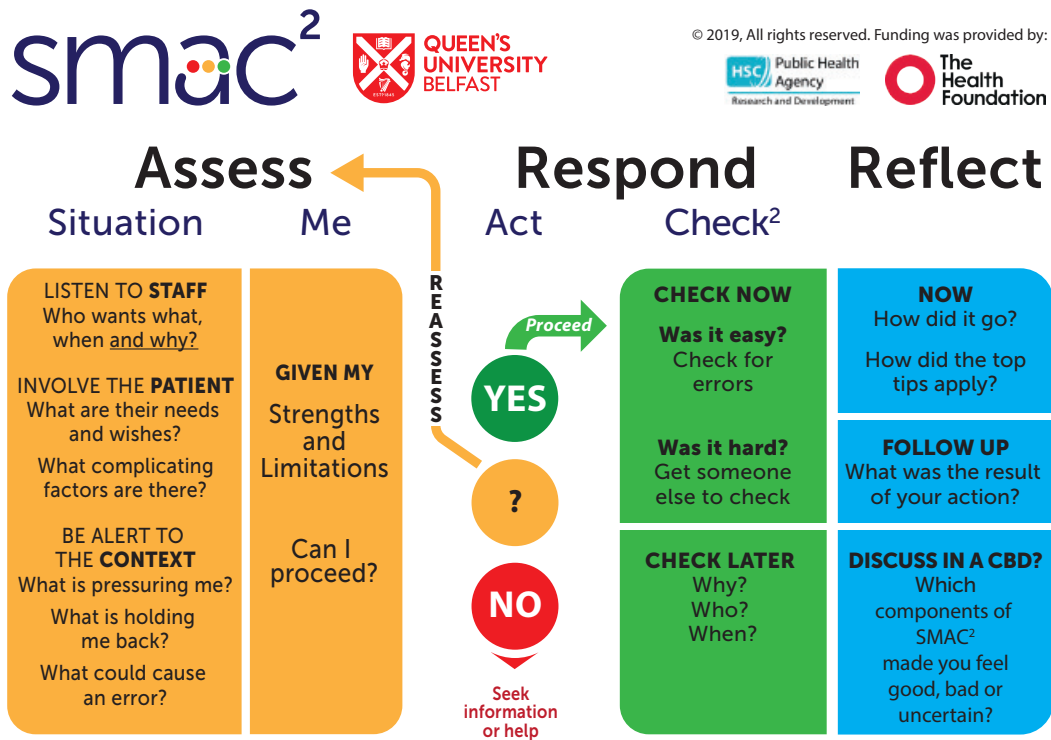
## **MIT S1 recommendations to make the system of care for diabetic patients safer, at minimal cost, NOW**

Insulin safety could be improved by encouraging ..

- Current FTs to learn from the commitments to behaviour change made by their peers in the MIT S1 Final Report (on QUB Website)
- Pharmacists to give feedback to FTs as part of their routine practice
- FTs to involve patients more in prescribing decisions
- All professionals involved in insulin management to manage patients proactively, rather than postpone prescribing decisions for others to make out-of-hours
- Diabetes professionals to promote wider use of well-designed guidelines, charts, and other tools that support good practice
- Senior doctors, nurses, and pharmacists to ensure all relevant guidelines are readily accessible on all wards and encourage all staff to make greater use of these
- Providers of off-the-job foundation education to teach FTs about insulins and their safe use
- FTs to find out what happened to patients whose insulin prescribing decisions were difficult or otherwise significant
- A reflective approach to learning from experience that:
  - Questions and improves upon other people's actions rather than uncritically replicates these
  - Encourages active and critical information-seeking, as opposed to seeking and uncritically following advice
- Senior and middle-grade doctors (including educational supervisors), pharmacists, nurses, and service users to help FTs make changes they have committed to
- A more positive attitude towards patient involvement
- A more reflective approach to prescribing amidst the unavoidable pressures of contemporary NHS practice
- A more positive attitude towards insulin, which emphasises its benefits as well as its risks
- All parties concerned behaving more supportively towards front-line staff to reduce their stress and encourage them to collaborate with greater understanding of each other

# smac<sup>2</sup> - theory and evidence-based reflective tool

The **smac<sup>2</sup>** heuristic (set of thought tools) and the structured CBD procedures, which are at the core of the MITS intervention, are based on current best evidence and theory. Ten years of research and development has enabled us to put a great deal of intelligence into a deceptively simple form, which has been quality-improved in light of experience.



## smac<sup>2</sup> Top tips

Follow the **smac<sup>2</sup>** routine to help prescribe insulin safer. This will help patients, you, and colleagues have good diabetes days.

### A patient has a good diabetes day when:

No more than one BG > 12 mmol/l; no BG < 4 mmol/l; they are involved in their own care.

### Good insulin prescribing practice

#### DO

Improve the pattern rather than firefight

- Prescribe tomorrow's breakfast dose by 3pm today (latest)
- Examine the pattern of glucose results
  - Think which time of day each dose affects
- Decide which dose(s) need changing

#### DON'T

- Don't leave prescribing decisions for out-of-hours staff
- Don't let patients be hyperglycaemic because of hypophobia
- Don't leave a patient without insulin after a hypo
- Don't omit basal insulin in T1DM

Generally, 1 unit of insulin adjusts glucose by 2-3 mmol/l

## Structured Case Based Discussion: Procedure

### Beforehand

- A trainee prescriber makes an appointment to do a CBD with a trained MITS debriefer, who may be a doctor, pharmacist, nurse or patient advocate
- When the CBD appointment is confirmed, which should be at least 24 hours before it takes place, the trainee receives the [Trainee's CBD Briefing sheet](#) and [smac<sup>2</sup> /Top Tips Card](#) (which they should also have previously received)
- The trainee selects an insulin prescribing event in which (s)he has been involved using the **smac<sup>2</sup>** card and Top Tips to help them choose an appropriate one.

### The setting

- 30 minutes is scheduled for this
- It takes place in a quiet, comfortable setting, where it is possible to talk without being interrupted or hurried
- The debriefer acts more as a facilitator than an expert or critic (facilitation skills are explained later)

### The paperwork

- The debriefer needs to have the **smac<sup>2</sup> /Top Tips Card** and a [CBD record sheet](#). Together, these will guide trainee and debriefer through the process
- The DEBRIEFER makes notes in just the same way as a clinician, conducting a consultation, makes notes. This allows the trainee to think analytically and reflectively

### Beginning

The debriefer:

- Introduces him/herself and explains his/her role – to help the trainee learn reflectively from experience of prescribing insulin
- Asks the trainee to introduce him/herself
- Ask trainee their grade
- Agrees when they will finish
- Asks the trainee not to identify any patients or clinical staff concerned
- Undertakes to maintain absolute confidentiality about the discussion

- Explains (s)he wants this to be a 'safe space' where it is possible to talk about difficult things without being criticised

### The prescribing event (about 10 minutes)

The debriefer:

- Asks the trainee to talk through the prescribing event, following the order of the CBD record sheet, listens attentively; if needed, asks simple, open questions to help the trainee 'open up'
- Pays more attention to what matters to the trainee than to following the proforma slavishly
- May use the **smac<sup>2</sup>** card to provide helpful questions
- During this, the debriefer writes a brief note about the event being described

### Enabling the trainee to optimise their insulin prescribing (5-10 minutes)

*The debriefer helps trainee identify learning and make SMART commitment to future behaviour:*

- Places a copy of **smac<sup>2</sup> card** in front of themselves and the trainee, taking the trainee through [CBD record sheet](#)
- Asks the trainee to identify one or more focuses of the encounter (S, M, A, C<sup>2</sup>, other)
- Feedback: helps the trainee identify behaviours that are effective and should be sustained (and celebrated!) and any behaviour changes that might improve their clinical practice
- Actions: helps the trainee make SMART commitments to taking actions, identify factors that might help or hinder, and ways of overcoming the latter

### Ending

The debriefer:

- Invites trainee to ask any questions or make any comments before finishing and wishes them success
- Completes the reporting requirements of the trainee's programme (eg ticket for foundation trainees)
- Returns CBD record sheet to Deborah Millar for analysis. [deborah.millar@qub.ac.uk](mailto:deborah.millar@qub.ac.uk)

## Guide to facilitating a MITS Structured Case Based Discussion

### Attributes of an effective facilitator

Effective facilitators show 'relationship leadership' and 'task leadership'

#### They model:

- Relationship behaviour
- Transparency of thought processes
- Openness to question and criticism
- Willingness to express emotions

#### They show:

- Consideration and sensitivity towards learners

#### They 'initiate structure' in:

- Roles
- Procedures
- Communication

A facilitator will suit most learners best if they are not too controlling; they can stimulate people by exercising less control than the learner might at first want ('constructive friction'). That argues for a sensitive and flexible style of facilitatorship, which senses the needs of the trainee, but exercises the least control that is acceptable to them.

### Facilitation Skills

#### Useful skills are:

1. Listening attentively
2. Paraphrasing
3. Making appropriate use of open and closed questions
4. Summarising
5. Responding positively to learners' contributions
6. Clarifying what learners have said
7. Acknowledging feelings
8. Negotiating when needed
9. Challenging appropriately
10. Contributing content knowledge appropriately
11. Managing time
12. Closing the session on a positive note

It may be helpful to ask the trainee to reflect on:

#### Positive affects:

- i) Motivation

#### Negative affects:

- i) Ambivalence
- ii) Lack of confidence
- ii) Uncertainty
- iii) Resistance
- iv) Denial

As the debriefer helps the trainee commit to change, they encourage positive feelings by, for example

- Encouraging the trainee to identify and reflect on past successes
- Talk positively about the trainee's capability to change
- Giving praise when it is due
- Helping the trainee to construct the self-identity of a safe insulin prescriber

## Trainee's Case-based Discussion Briefing Sheet

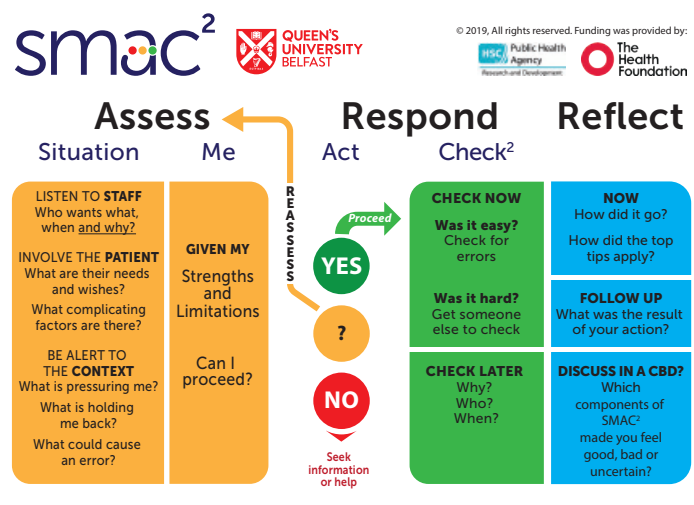
The aim of a MITS CBD is to help you optimise your insulin prescribing. The term 'prescribing' includes the clinical assessment, interactions with patient and fellow practitioners, decision-making, and use of ancillary resources that are listed on the **smac<sup>2</sup>** card. The **Top Tips card** gives additional information about what we mean by 'optimise'.

The procedure is as follows:

- You make an appointment to meet a 'MITS debriefer', who may be a doctor, pharmacist, nurse, or patient advocate (person with diabetes trained to conduct CBDs)
- The debriefer will have been trained to behave supportively so that you can safely discuss your experience without fear of criticism or blame
- You select an experience of prescribing insulin that you would like to discuss with the debriefer.

It could be an experience that went well or one that you found difficult, or indeed any experience that was personally meaningful. Good reasons for selecting an event are that:

- Reflecting on it, as suggested on the **smac<sup>2</sup>** card, identified it an instructive experience
- You found it difficult to achieve the 'good diabetes day' targets on the Top Tips card
- You found it hard to follow the 'good insulin prescribing practice' on the Top Tips card such as
- It was hard to **DO** what is listed in the green box of the Top Tips Card or to avoid doing what is listed in the red, **DON'T** box
- You follow the procedures of your training programme (eg ticket for foundation trainees) so that you get credit for having participated in the CBD



### smac<sup>2</sup> Top tips

Follow the **smac<sup>2</sup>** routine to help prescribe insulin safer. This will help patients, you, and colleagues have good diabetes days.

**A patient has a good diabetes day when:**  
No more than one BG > 12 mmol/l; no BG < 4 mmol/l; they are involved in their own care.

**Good insulin prescribing practice**

DO	DON'T
<b>Improve the pattern rather than firefight</b> <ul style="list-style-type: none"> <li>Prescribe tomorrow's breakfast dose by 3pm today (latest)</li> <li>Examine the pattern of glucose results                             <ul style="list-style-type: none"> <li>Think which time of day each dose affects</li> </ul> </li> <li>Decide which dose(s) need changing</li> </ul>	<ul style="list-style-type: none"> <li>Don't leave prescribing decisions for out-of-hours staff</li> <li>Don't let patients be hyperglycaemic because of hypophobia</li> <li>Don't leave a patient without insulin after a hypo</li> <li>Don't omit basal insulin in T1DM</li> </ul>

**Generally, 1 unit of insulin adjusts glucose by 2-3 mmol/l**



<b>Debrief</b>	<b>Name:</b> <input type="text"/>	<b>Email:</b> <input type="text"/>	<b>Reg no:</b> <input type="text"/>	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse	<b>Grade:</b> <input type="text"/>	<input type="checkbox"/> Patient Advocate
<b>Trainee:</b>	<b>Name:</b> <input type="text"/>	<b>Email:</b> <input type="text"/>	<b>Reg no:</b> <input type="text"/>	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse	<b>Grade:</b> <input type="text"/>	<input type="checkbox"/> Patient Advocate

**Title of CBD (for portfolio purposes):**

Brief, anonymous description: The debriefer helps the trainee describe and analyse the event and the debriefer writes succinct notes about it  
 Debrief asks the trainee why they chose it and why it was significant to them

The Debrief helps the trainee analyse the event and writes notes on the trainee's strengths and ways the trainee might behave more effectively.

Trainee's intended actions should be **Specific, Measurable, Action-oriented, Realistic, and Time-bounded**

<b>Focus of the encounter</b>	<b>Feedback:</b> appropriate behaviours demonstrated and/or possibilities for trainee to behave more effectively	<b>Agreed actions,</b> and factors that might help or hinder trainee taking those actions
<b>Situation Me Act Check?</b>		
Other (specify)		

**Trainee:** what did you learn?

<b>Reflections</b>	
<b>Debrief:</b> Please complete this sentence: This CBD taught me that systematic issues affecting learning to prescribe safely are:	