

# Act Wisely

AW Generic Case Based Discussion  
Operating Procedures  
Version 2.0 - May 2021



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## AW – an introduction

AW came about from the Making Insulin Treatment Safer programme. These procedures, though, extend MITS principles to drugs other than insulin.

AW aims to improve the experiences, the education of clinician/students, and the appropriateness of the prescriptions they write. It empowers clinician/students to:

- Handle the inherent complexity and uncertainty of prescribing
- 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

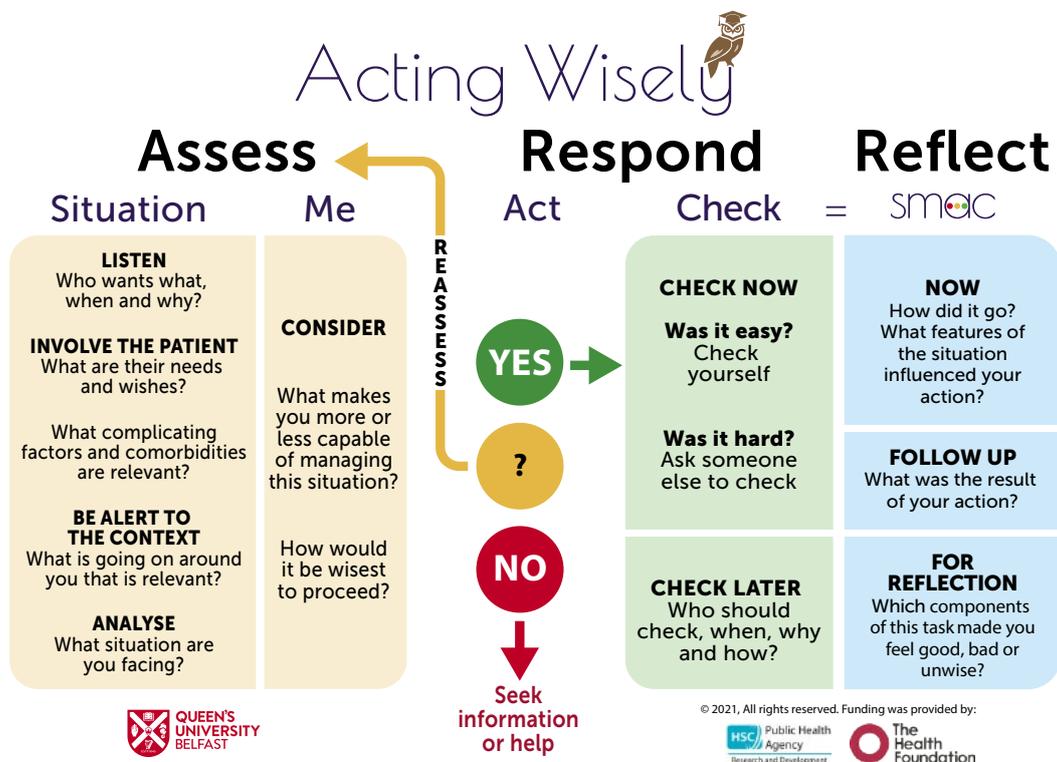
At the heart of AW is a simple rule of thumb to act safely in complex situations: **smac**. This stands for: 'Situation'; 'Myself'; 'Act'; 'Check', and 'Check again'. This approach helps clinician/students develop situational awareness, which is a key professional skill.

AW 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 recognition of its success, MITS won one national award and was finalist in another. The feature of AW that is most novel, and has attracted most praise, is the way it involves all key stakeholders – patients, nurses, pharmacists, and doctors. We will continue to build on this.

# smac - theory and evidence-based reflective tool

The **smac** heuristic (set of thought tools) and the structured CBD procedures, which are at the core of the AW 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.



## Acting Wisely

## Top tips

Follow the **smac** routine to help prescribe insulin safety. 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**

- Leave prescribing decisions for out-of-hours staff
- Let patients be hyperglycaemic because of hypophobia
- Leave a patient without insulin after a hypo
- Omit basal insulin in T1DM

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



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## Structured Case Based Discussion: Procedure

### Beforehand

- A clinician/student arranges to do a CBD with a trained facilitator, who may be a doctor, pharmacist, nurse or patient advocate.
- The facilitator may also be a peer, provided they have been trained to facilitate.
- The clinician/student selects a prescribing event in which (s)he has been involved using the **smac** card to help them choose an appropriate one.

### The setting

- 30–40 minutes is scheduled for this.
- It takes place in a quiet, comfortable setting, where it is possible to talk without being interrupted or hurried.
- This can be in-person or online.

### The paperwork

- The facilitator needs to have the **smac** card, CBD record sheet and facilitators note sheet. Together, these will guide clinician/student and facilitator through the process.
- The facilitator makes notes in just the same way as a clinician/student, conducting a consultation, makes notes. This allows the clinician to think analytically and reflectively.

### Beginning

The facilitator:

- Introduces him/herself and explains his/her role – to help the clinician/student learn reflectively from experience of prescribing insulin.
- Asks the clinician/student to introduce him/herself.
- Ask the clinician/student their grade.
- Agrees when they will finish.
- Asks the clinician/student 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 facilitator:

- Asks the clinician/student 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 clinician/student 'open up'.
- Pays more attention to what matters to the clinician/student than to following the proforma slavishly.
- May use the **smac** card to provide helpful questions.
- During this, the facilitator writes a brief note about the event being described.

### Enabling the clinician/student to optimise their prescribing (5-10 minutes)

*The facilitator helps clinician/student identify learning and make SMART commitment to future behaviour:*

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

### Ending

The facilitator:

- Invites clinician/student to ask any questions or make any comments before finishing and wishes them success.
- Completes the reporting requirements of the clinician/student'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 an AW 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 clinician/student, 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 facilitator helps the clinician/student commit to change, they encourage positive feelings by, for example

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

# Clinician/student's Case-based Discussion Briefing Sheet

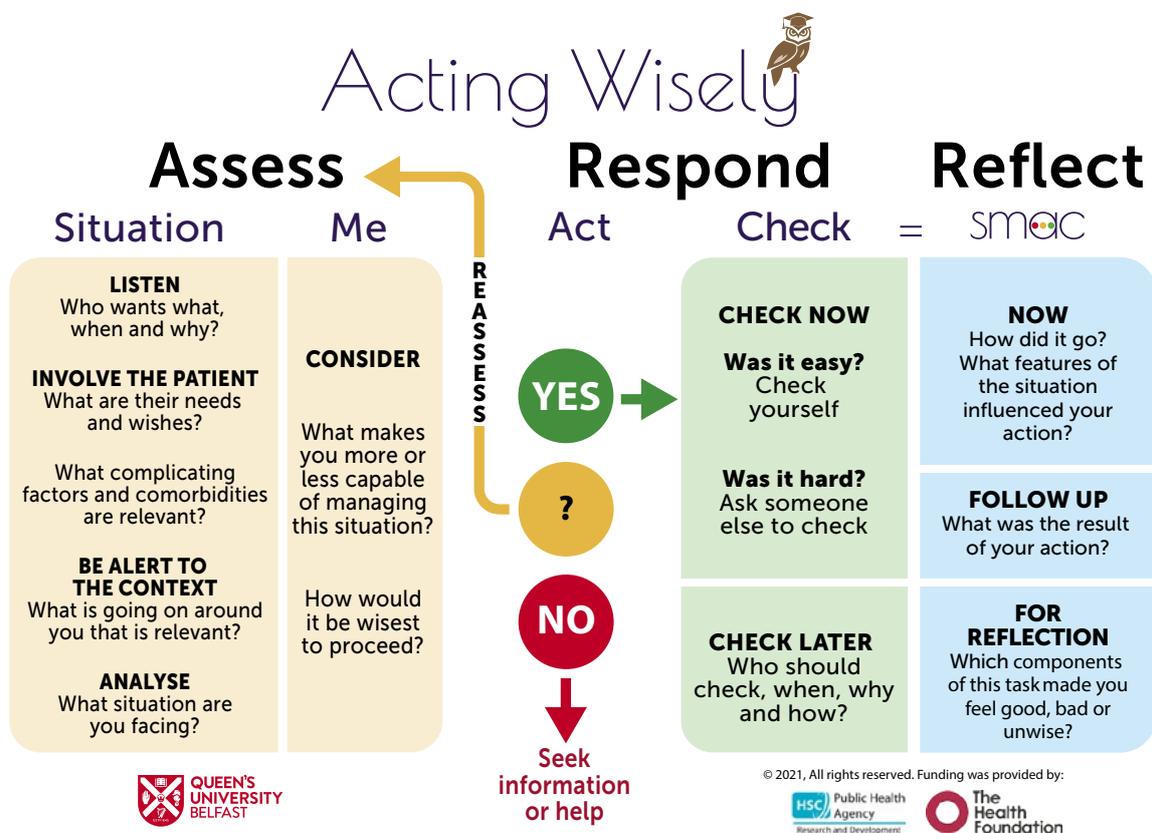
The clinician/student receives this in advance of CBD.

The aim of an AW CBD is to help you optimise your 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** card.

The procedure is as follows:

- You make an appointment to meet an 'AW facilitator', who may be a doctor, pharmacist, nurse, or patient advocate (person with diabetes trained to conduct CBDs)
- The facilitator may also be a peer, provided they have been trained to facilitate
- The facilitator 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 that you would like to discuss with the facilitator. 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** card, identified it an instructive experience
  - It was hard to do
- You follow the procedures of your training programme (eg ticket for foundation trainees) so that you get credit for having participated in the CBD.



<b>Facilitator:</b>	Name: <input type="text"/>	Email: <input type="text"/>	Role: <input type="text"/>
<b>Clinician:</b>	Name: <input type="text"/>	Email: <input type="text"/>	Role: <input type="text"/>

**Brief, anonymous description:** To be completed by (student) clinician before meeting. At the start of the meeting they should explain why it was significant to them.

**The facilitator helps the clinician describe and analyse the event,** Using smac including Top Tips (where relevant).

	Situation analysis:	Facilitator's record of discussion:
<b>Guided reflection</b>	<p><b>Situation</b></p> <ul style="list-style-type: none"> <li>• <i>What situation were you facing?</i></li> <li>• <i>Who wanted what, when and why?</i></li> <li>• <i>What were patient's wishes and needs?</i></li> <li>• <i>What features of the patient and their disease complicated the situation?</i></li> <li>• <i>What was going on around you that was relevant?</i></li> </ul>	

Situation analysis:		Facilitator's record of discussion:	
Guided reflection	<b>Me</b> <ul style="list-style-type: none"> <li>• <i>How capable did you feel to manage this?</i></li> </ul> <b>Act</b> <ul style="list-style-type: none"> <li>• <i>What did you do and why?</i></li> <li>• <i>How could you have acted differently?</i></li> </ul> <b>Check</b> <ul style="list-style-type: none"> <li>• <i>How did you/could you have checked your action?</i></li> <li>• <i>What was/could have been gained from checking later?</i></li> </ul>		
	<b>What will you do? What might help or hinder you doing this? Record at least one SMART commitment and as many others as result from the discussion.</b>		
	<i>One thing I will do is:</i>  <i>Another thing I will do is:</i>  <i>Another thing I will do is:</i>  <i>etc</i>		
	<b>What have you learned?</b>		
<b>Facilitator.</b> Please (optionally) add a reflective note about the clinician's learning and the educational environment.			

## **Guidance for AW facilitators on sensitive issues which may arise in CBDs**

During an AW CBD, you may be confronted with a clinician/student who is distressed. In rare circumstances, you may even have concerns about a clinician/student's safety to practise (you think the clinician/student could make a serious error that has not been properly addressed).

Below are some points to guide you in case either of these occur. Clinician/student distress and safety issues can be interlinked. Use your discretion as to which course to take. The AW team is always available if you need to discuss a situation (keeping doctor/ patient details anonymous).

### **1. Clinician/student in Distress**

- Explain that part of the AW facilitator's role is to support the clinician/student
- Suggest that the clinician/student should discuss issues with their educational supervisor or mentor
- If you have serious concerns about a clinician/students well-being, explain that the AW team has a duty to contact the clinician/student's supervisor to inform them that the clinician/student will be in touch. Stress that you will not disclose anything that was talked about during the session. If you are unsure how to proceed, please contact the AW Team for advice.

### **2. Concerns about clinician/student's safety to practice / Concerns about patient safety**

- Take an advocacy stance rather than a critical or blaming one
- Notify a supervisor; tell clinician/student that you will do this
- In serious cases, act as your regulator (eg GMC) requires
- If you have serious concerns about safety to practice / patient safety, explain that the AW team has a duty to contact the clinician/student's supervisor to inform them that the clinician/student will be in touch. Stress that you will not disclose anything that was talked about during the session. If you are unsure how to proceed, contact the AW Team for advice.

It is important to keep the integrity of AW. If confronted with a difficult situation and you are unsure what to do, tell the clinician/student this and explain that you will seek help.



[www.med.qub.ac.uk/mits](http://www.med.qub.ac.uk/mits)



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