Act Wisely

smac

AW – Diabetes Structured Case Based Discussion Operating Procedures Version 2.0 - May 2021

QUEEN'S UNIVERSITY BELFAST

 Funding was provided by:

HSC Public Health Agency Research and Development

The Health Foundation

Act Wisely

Table of Contents

Act Wisely

smac

AW – an introduction

AW came about from the 'Making Insulin Treatment Safer' programme.

AW 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 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 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.

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 addition to developing and implementing a novel way of educating foundation trainees, AW, 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 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.

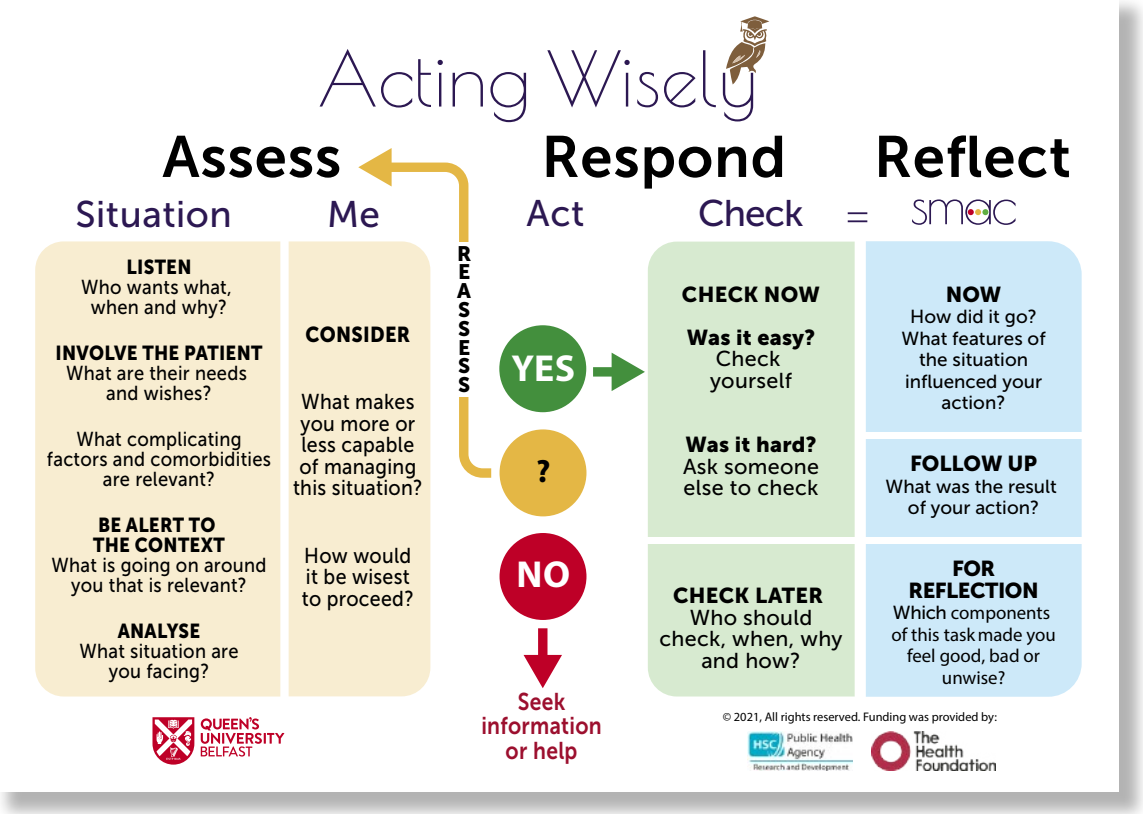
Prescribing Safety Recommendations

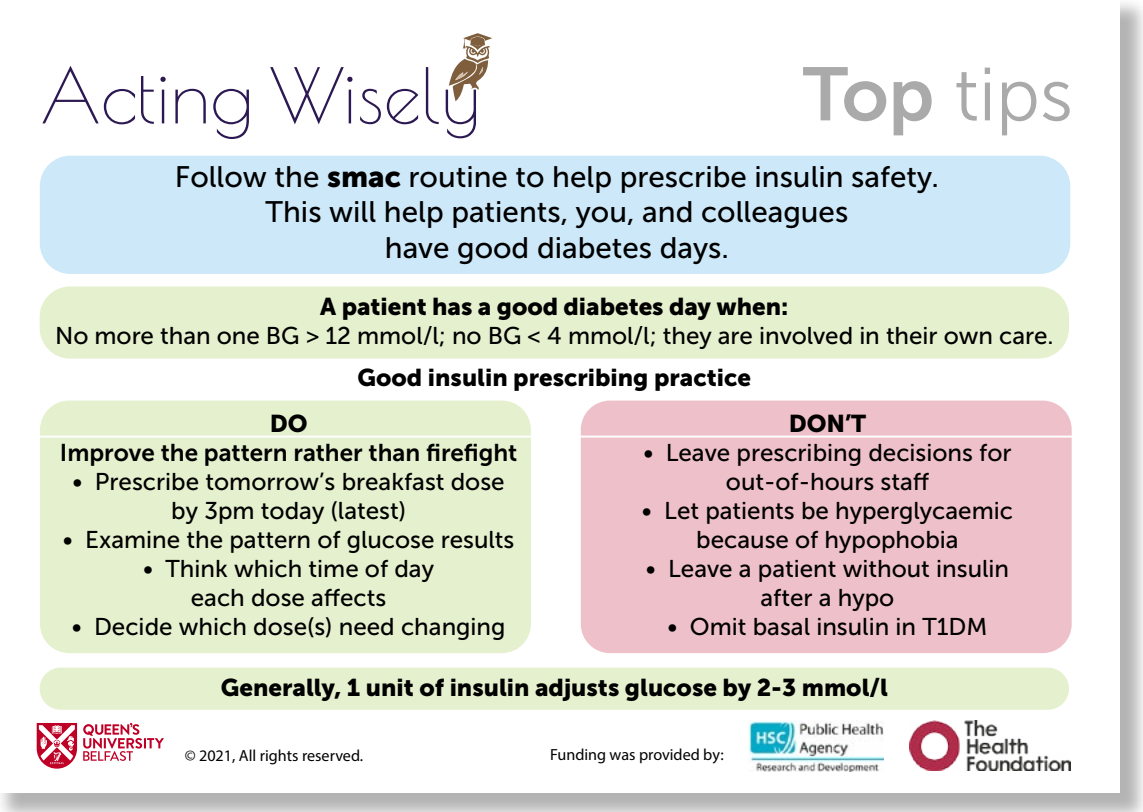
Insulin safety could be improved by encouraging ..

- Current FTs to learn from the commitments to behaviour change.
- 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 - 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.





smac

Structured Case Based Discussion: Procedure

Beforehand

- Clinician/student make an appointment to do a CBD with a trained AW facilitator, 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 clinician/student receives the CBD Briefing sheet, smac/top tips card and CBD Record Sheet.
- The clinician/student selects an insulin prescribing event in which (s)he has been involved using the **smac** card and Top Tips to help them choose an appropriate one.
- The clinician/student should complete the relevant chart or the CBD Record Sheet in advance and send to facilitator.

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** /Top Tips Card and a CBD record sheet. Together, these will guide the clinician/student and facilitator through the process.
- The Facilitator makes notes in just the same way as a clinician, conducting a consultation, makes notes. This allows the clinician/student 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 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 insulin 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

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 programme (eg ticket for foundation trainees)
- Returns CBD record sheet to Deborah Millar for analysis. 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 C/S, 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 C/S 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 trainee commit to change, they encourage positive feelings by, for example

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

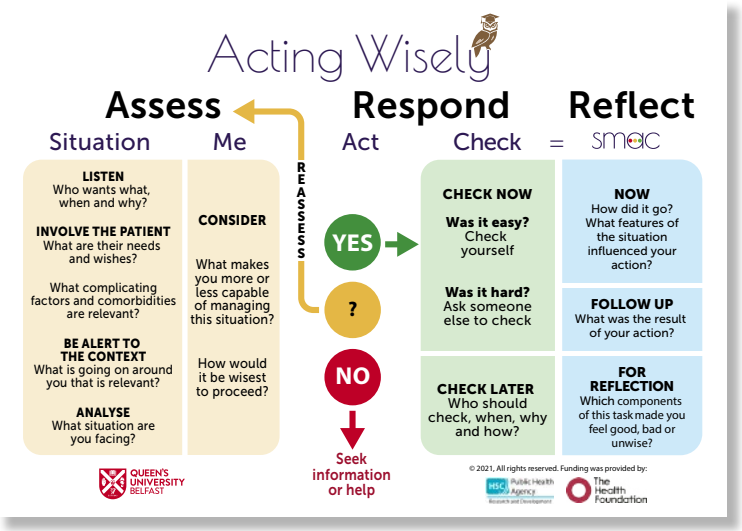
Clinician/student Case-based Discussion Briefing Sheet

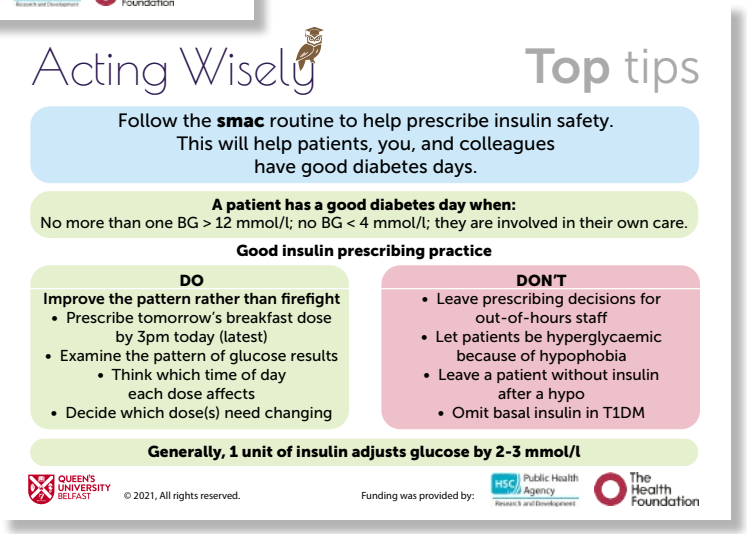
The clinician/student receives this in advance of CBD.

The aim of an AW CBD is to help you optimise your 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** 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 an 'AW facilitator', who may be a doctor, pharmacist, nurse, or patient advocate (person with diabetes trained to conduct CBDs)
- 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 insulin 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:
  - o Reflecting on it, as suggested on the **smac** card, identified it an instructive experience
  - o You found it difficult to achieve the 'good diabetes day' targets on the Top Tips card
  - o You found it hard to follow the 'good insulin prescribing practice' on the Top Tips card such as
  - o 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.





Act Wisely

Reflective Case Based Discussion

Please anonymise people and places

Facilitator: **Name:** _____ **Email:** _____ **Role:** _____

Clinician: **Name:** _____ **Email:** _____ **Role:** _____

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).

Guided reflection	Situation analysis:	Facilitator's record of discussion:
	Situation • *What situation were you facing?* • *Who wanted what, when and why?* • *What were patient's wishes and needs?* • *What features of the patient and their disease complicated the situation?* • *What was going on around you that was relevant?*	

Act Wisely

Reflective Case Based Discussion

continued

Guided reflection

Situation analysis:	**Facilitator's record of discussion:**
Me • *How capable did you feel to manage this?* **Act** • *What did you do and why?* • *How could you have acted differently?* **Check** • *How did you/could you have checked your action?* • *What was/could have been gained from checking later?*	
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.	
One thing I will do is: *Another thing I will do is:* *Another thing I will do is:* *etc*	
What have you learned?	
Facilitator. Please (optionally) add a reflective note about t he clinician's learning and the educational environment.	

Making Insulin Treatment Safer

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

During an AW debrief, you may be confronted with a clinician/student who is distressed. In rare circumstances, you may even have concerns about a C/S safety to practise; you think the doctor could make a serious error in the future or think the doctor has already made 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 are 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 C/S should discuss issues with their educational supervisor or clinical supervisor
- If you have serious concerns about a doctor's well-being, explain that the AW team has a duty to contact the 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 safety to practice / Concerns about patient safety

- Take an advocacy stance rather than a critical or blaming one
- Notify AW implementer; tell trainee 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 supervisor to inform them that they 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 dificult situation and you are unsure what to to, tell them this and explain that you will seek help.

www.med.qub.ac.uk/mits

 Funding was provided by: