

# Making Insulin Treatment Safer

Empowering prescribers to empower patients and fellow professionals: a novel approach to safe, person-centred practice

Authors

Tim Dornan, Florence Findlay-White,  
Rosie Donnelly, Deborah Millar,  
Heather Daly

Queen's University Belfast,  
South-Eastern Health and Social Care Trust  
Western Health and Social Care Trust  
Ulster University  
NI Medical and Dental Training Agency

## How do you educate clinicians when there is no right answer?

### Overview

#### The clinical problem

Insulin prescriptions in hospital cause harm  
Patients, used to managing their own diabetes at home, are under-involved whilst in hospital

#### The stakeholders

People with diabetes

*Have insulin prescribed  
May wish to be involved*

Foundation trainees (FTs)

*Write 70% of hospital prescriptions*

Medical students

*Will be FTs next year*

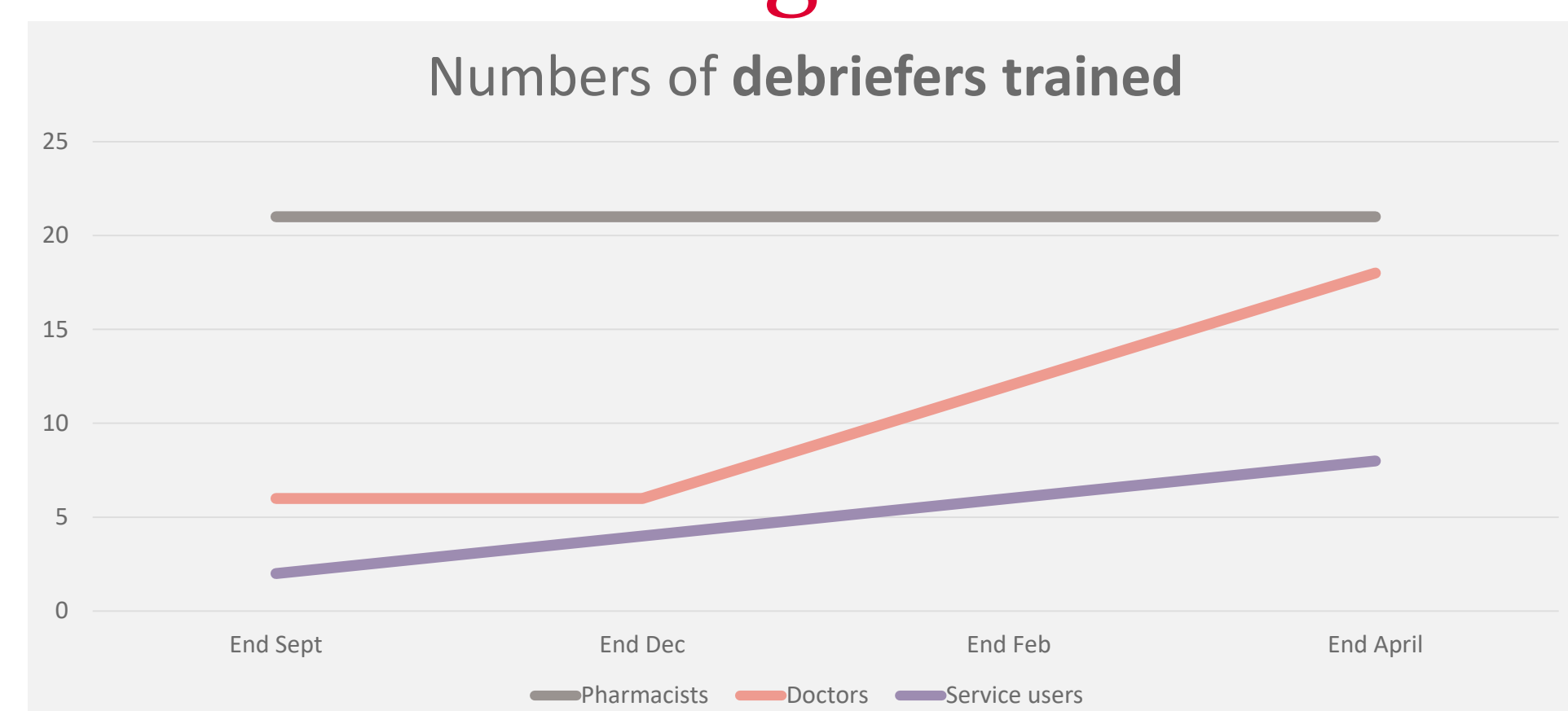
Prescribing nurses

*Insulin/other high risk drugs may be  
in their scope of practice*

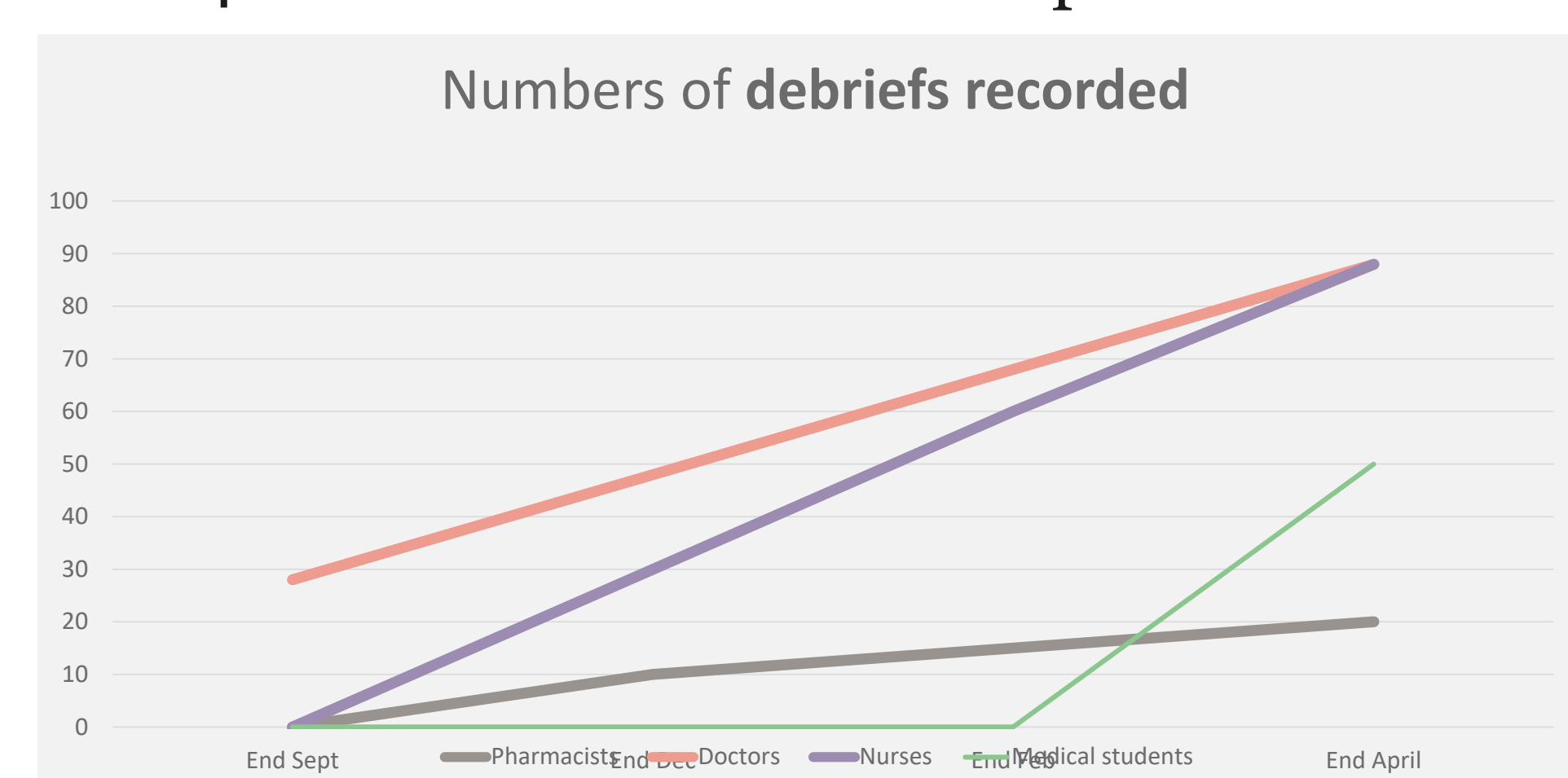
(Prescribing) pharmacists

*Strive to reduce errors  
May prescribe insulin*

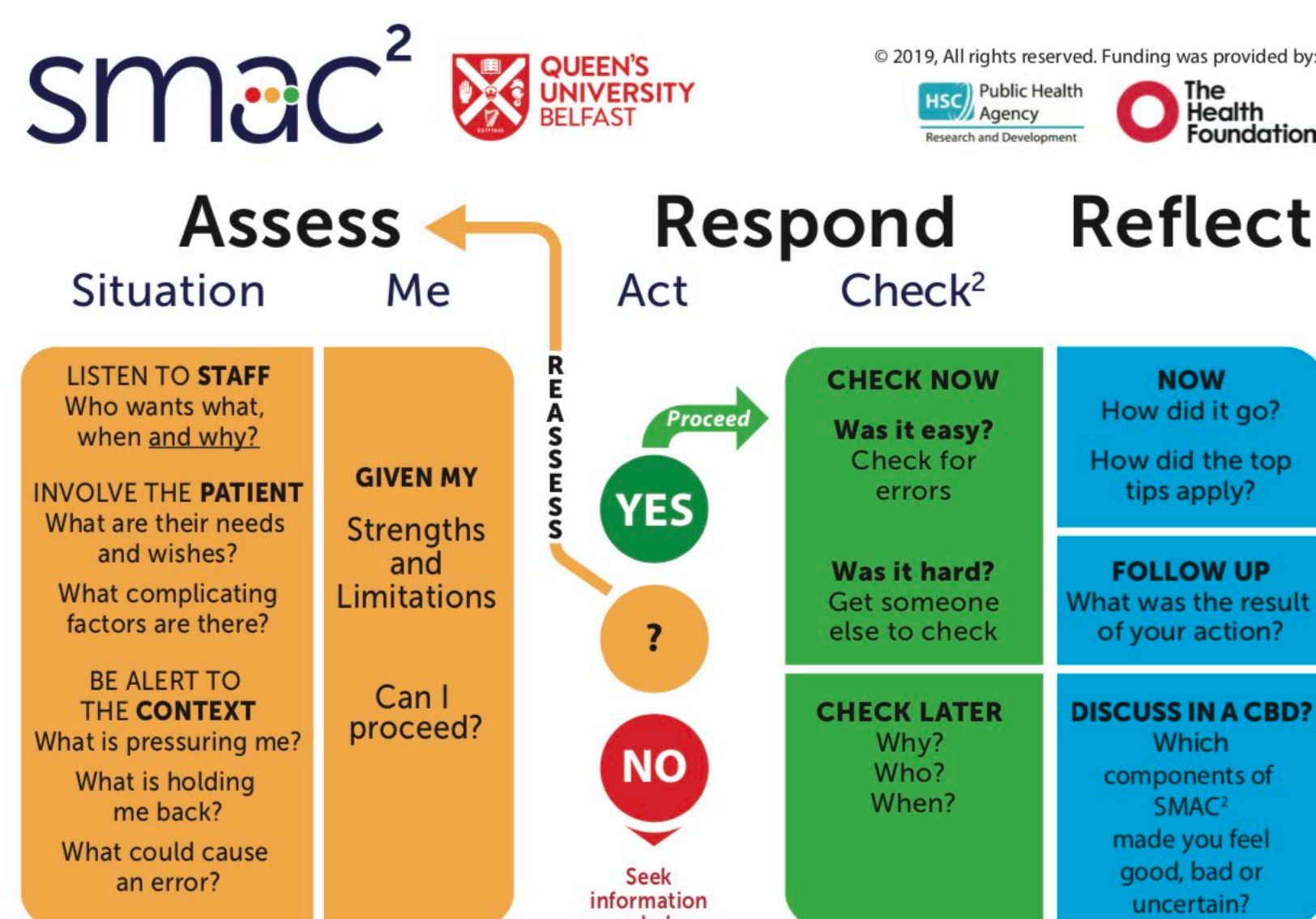
### Progress



140 nurses will be trained to peer-debrief

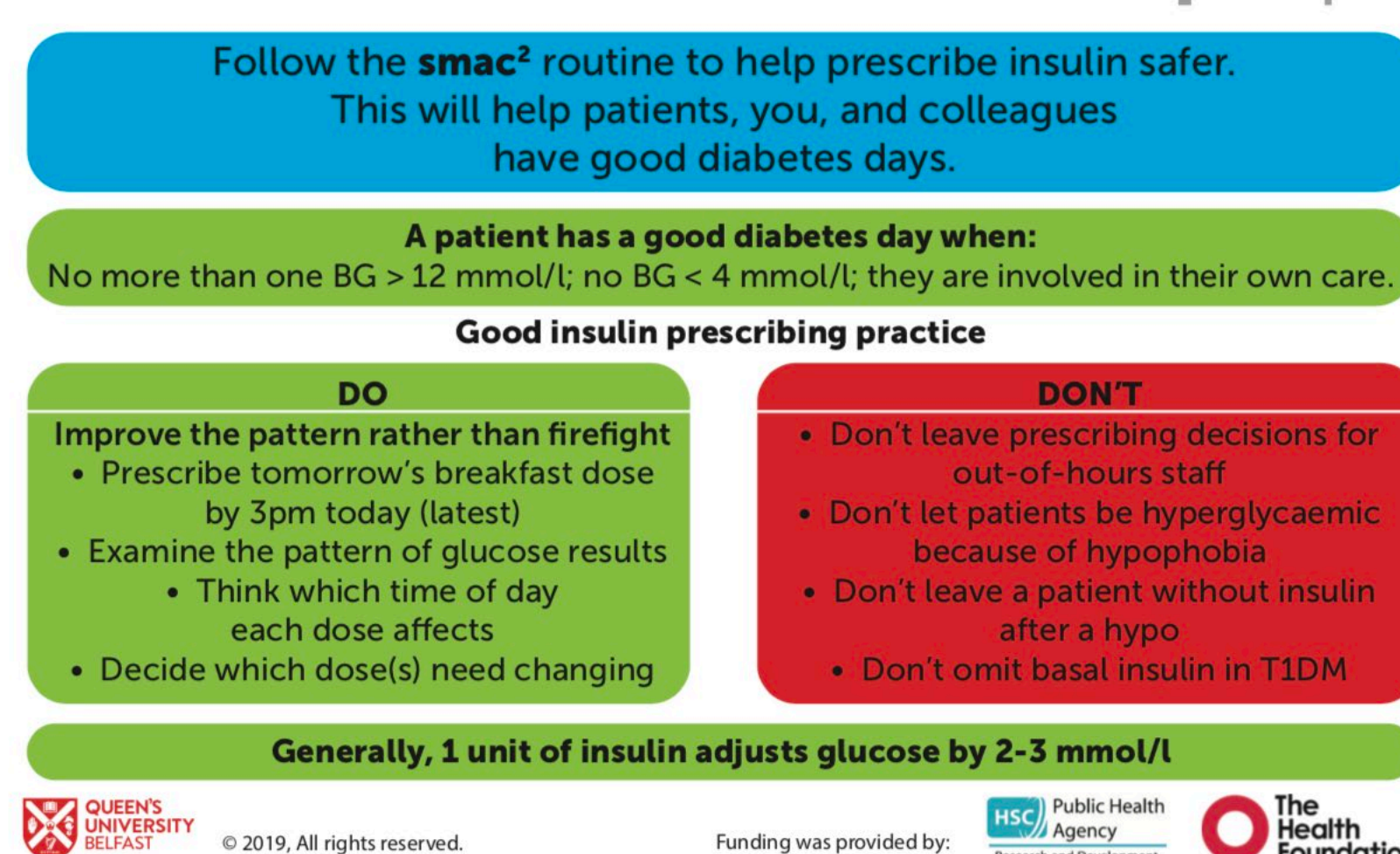


### Thought tool: smac<sup>2</sup>



smac<sup>2</sup>

Top tips



### Social tool: reflective debriefing

For insulin  
smac<sup>2</sup>  
Making Insulin Treatment Safer

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

For any drug; indeed any clinical decision

MITS Generic Case Based Discussion  
Version 1.0 - September 2019

### Initial learning

#### Obstacles

Lack of protected time for doctors' education

**One size does not fit all**

Reflective learning is different in different professions

Safe practice is different for different drugs

**You have to adapt**

Medicine: CBDs

Nursing: peer debriefing

Pharmacy: introduce reflection to curriculum

**You have to be present 'on the shop floor'**

People in leadership/political positions work on fanciful versions of reality

### Successes

Buy-in from educational leads of all professions

- The MITS educational method is now embedded in pharmacy, nursing, and medicine curricula

We have developed a transferable toolset

- Operating procedures
  - Debriefing training
  - Insulin prescribing
  - 'Generic' decision-making
- Audit tools
  - Patient involvement & glycaemic control
  - Clinicians' readiness to prescribe

Won ASME educational excellence award

### Next steps

'Patient Advocacy for Prescribing Safety'  
programme - £5K awarded by ASME

Implement in undergraduate medical curriculum 'pre-prescribing' project

### Policy context

Regulators encourage reflective learning:

- Improves
  - Ways of working
  - Quality of care
- Contributes to
  - Resilience
  - Wellbeing
  - Professional commitment
- Should be
  - "Familiar, continuous, and routine part of work"

## Reflective learning

- Requires:
  - Protected time
  - Support
  - Culture change
- How can we promote this in Foundation education?

After  
Donald  
Shön

