Speaking Up - Lesson Plan for Facilitator

Learning Objectives:

- Recognise patient safety and professionalism concerns
- Reflect on perceived barriers to speaking up while on placement
- Feel empowered to act on concerns, and know where to access further support

Overview:

Medical students are a key part of the teams responsible for patient care, and play an invaluable role in raising standards. However, because they are still learning they often report feeling uncertain about their ability to raise concerns on placement.[1] This interactive session encourages students to recognise, reflect on and challenge perceived barriers to speaking up. The analogy of a driving hazard perception test frames the session, as students develop and role-play strategies that can be transferred to the clinical setting.

Because speaking up can be difficult for students, the session should be supportive and non-judgemental. As the facilitator, it is important to empower students to direct the conversation. Class discussions enable the introduction of important concepts. Small group discussions and role-play promote informal conversations, enabling students to reflect on their own experiences and experiment with new approaches.

The lesson is planned so that each of the four short sections builds on prior learning. The first section introduces students to patient safety and professionalism concerns. The second section adds complexity to the discussion, by asking students to reflect on perceived barriers to speaking up on placement. The third section then empowers students to respond to difficult situations, as they role-play example scenarios. Finally, students are signposted to further support.

Lesson plan:

Section 1 – Hazard Perception
Activity: Hazard Perception Test

Section 2 – A Clinical Example
Activity: Responding to 'Medical Student Jeff'

Section 3 – Speaking up
Activity: Role Play (CUSS and PACE frameworks)

Section 4 – Support and Welfare

Materials:

- Lesson plan for facilitator
- Supporting PowerPoint

Section 1 – Hazard Perception

Introduction:

- Read out the learning objectives. [slide 2]
- Ask the students to raise their hand if they already feel confident in raising concerns.
- Reassure students if they don't feel confident yet in raising concerns; the purpose of the session is to give them the tools to do so.
- It is understandable that students may feel unsure about speaking up in the hospital environment, especially when they are faced with new situations, colleagues and team dynamics. However, students have lots of experience of making similarly important judgements in everyday life. We can apply these lessons to the clinical environment.

Activity [slide 3]:

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- Ask students to raise their hands if they have recently taken their driving test – they will be familiar with hazard perception videos!
- Explain that you are going to play a short video clip. Students should raise their hand every time they spot a potential hazard.
- By a hazard we do not mean just something that *has* gone wrong, but also something that the driver should respond to so it *will not* go wrong in the future.
- Examples might include cars slowing down suddenly, or pedestrians looking like they will step into the road.

Students should be given approximately 1 minute to do this.

Discussion:

- Explain that recognising hazards is also important in medicine.
- The GMC states that doctors must 'take prompt action if you think that patient safety, dignity or comfort is being compromised.'[2] [slide 4]
- Split the room into three groups: **red**, yellow and **green**.
- Ask each group of students for examples of the ways in which patient safety, dignity or comfort might be compromised in the day to day running of the hospital, and how these could be prevented.
- Examples might include wristbands to prevent misidentification *(patient safety),* closing curtains round the bed to give privacy *(dignity)* or protected mealtimes *(comfort).*

Students should be given approximately 3 minutes to do this.

Section 2 – A Clinical Example

Introduction:

- The students will now have a go at a clinical example of a hazard perception test.
- Emphasise that, unlike in a driving test, in this scenario are no 'wrong' answers. Driving tests are 'pass-fail' with each problem occurring one at a time. But this is not true of real life and certainly not true of medicine. We are often faced with more complex judgements, and our decisions are much more subjective.

Activity [slides 5-11]:

- In this scenario the students are texting their friend 'Medical Student Jeff.'
- As they watch the text exchange, each student should think about when they would text Jeff to raise a concern.

Students should be given approximately 2 minutes to do this

Discussion

- Ask the students to split into groups of 3.
- In their groups, ask the students to discuss when they chose to intervene and why?
- What approach might they use in real life to bring up their concerns?

Students should be given approximately 3 minutes to do this

- Recognise that students may be reluctant to raise concerns for a number of reasons. For example, they may fear that they do not have proof, that nothing will be done, or that they may cause problems for colleagues. [slide 12]
- Reassure students that they do not need to wait for proof – you will be able to justify raising a concern if you do so honestly, on the basis of reasonable belief, even if you are mistaken.
- Explain that students do not have to fix concerns themselves - reporting a concern through the appropriate channels will ensure appropriate investigation and support.
- Sometimes it can be difficult to raise concerns about our friends or colleagues, but it is still important. Give some key examples of unprofessionalism, as defined by the GMC [slide 13].
- Explain that while students are not legally required to raise concerns, they will be expected to do so by their medical schools [slide 14]. Most importantly, medical students will be doctors soon: they have a moral duty to protect patients and their interests.
- It it easy to press an anonymous buzzer in clear pass-fail scenarios. It can be harder to bring up concerns when the decision is about subjective issues, or when they involve someone we are close to. *But it is still important.*

Section 3 – Speaking Up

Introduction

- We are now going to look at two models for raising concerns [slides 15-16]. They are designed to give healthcare professionals a toolkit to raise and escalate concerns as appropriate, including with senior colleagues.
- Introduce the 'CUSS' model for graded assertive communication (so students can 'CUSS' their consultants!).[3]

- Provide an example based on 'Medical Student Jeff':
- CONCERNS – "I am concerned that you are still tipsy."
- UNSURE – "I am uncertain that you should come into hospital when you are tipsy."
- SAFETY – "I am worried that it is unsafe for you to be in hospital."
- STOP – "Please stop – you should not be in hospital when tipsy - we need a timeout to discuss this further."

Introduction – Continued

- An alternative model is the 'PACE' model.[3]

- Provide an example:
- PROBE – "You are tipsy. Why are you coming in?"
- ALERT – "You are tipsy. It is dangerous for you to come in."
- CHALLENGE – "It is dangerous for you to come in. I recommend going home."
- EMERGENCY – "Go home now!"
- Now that students have been introduced to the model, they will be trying it out themselves.

Activity [slide 17]

- Ask the students to split into pairs.
- One student in each pair is 'Medical Student Jeff' from the earlier scenario. The other student is 'Jeff's friend'.
- Using the scenario on the powerpoint, role play escalating concerns using either the 'CUSS' or 'PACE' tools.

Students should be given approximately 2 minutes to do this.

- Ask the students to change roles and repeat the exercise.

Students should be given approximately 2 minutes to do this.

Discussion

- Ask students which model they found most useful and why?
- Are there any other methods students have found useful in the past?

Section 4 – Support and Welfare

Introduction

- So far we have thought about how to recognise and raise concerns, and role-played ways of doing so. To close the session, we will encourage students to look after their welfare and signpost them to further support.

Discussion

- Being a good medical student isn't only about clinical practice. The GMC states that '[p]rofessionalism is broader than this and includes all elements of your academic study, as well as the need to be trustworthy and honest.'[2] [slide 18].
- Speaking up is not just about patients; it is also important that students look out for the well-being of themselves and their peers.
- Sometimes it can be hard to know who to ask for support. A recent GMC survey found that a third of medical trainees in the UK did not know who to discuss matters concerning occupational health and wellbeing.[4]
- Some routes to support are signposted on the PowerPoint. [slide 19].
- Each medical school will have a formal policy on reporting concerns, which should be followed wherever possible. If students do not feel able to do this, they may also be able to talk to a member of staff with whom they have an ongoing relationship, such as a personal tutor.
- Raising concerns anonymously should be avoided, not only because it makes it harder for the medical school to investigate but also because it makes it hard to provide students with support.

Summary

- End the session by asking students to put up their hand if they now feel more confident about knowing how and where to raise concerns. This will allow you to check consolidation of learning, and reinforce student confidence. If anyone still feels unsure, follow this up one-to-one.

References and Recommended Reading

1. Johnson L, Malik N, Gafson I, Gostelow N, Kavanagh J, Griffin A and Gishen F. Improving patient safety by enhancing raising concerns at medical school. *BMC Medical Education*. 2018;18(171): 1-9.

2. General Medical Council. *Achieving good medical practice: guidance for medical students.* Available from: https://www.gmc-uk.org/-/media/documents/achieving-good-medical-practice-0816_pdf-66086678.pdf. [Accessed 26th September 2019].

3. Bevington D, Fuggle P, Cracknell L and Fonagy P. *Adaptive Mentalization-Based Integrative Treatment: A guide for teams to develop better systems of care.* Oxford: Oxford University Press; 2017.

4. General Medical Council. *National training surveys 2019: Initial findings report.* Available from: https://www.gmc-uk.org/-/media/national-training-surveys-initial-findings-report-20190705_2.pdf?la=en. [Accessed 26th September 2019].