

Speak Up: The Role of the Outside Observers

Preface

There is now overwhelming evidence that significant numbers of patients are harmed from their health care either resulting in permanent injury, increased length of stay (LOS) in hospitals and even death- The World Health Organisation.

As the GMC writes: Today's increasingly complex healthcare systems offer huge benefits to patients, but can also place them at risk. With patients at the core of our practice, we should as a community of healthcare professionals, look to improve the way in which we keep patients safe. This includes adapting individual behaviour, local policy and national Guidelines.

Medical Students are keen to contribute to the healthcare team, but are often, due to their lack of experience, neglected from being totally involved in the day-to-day handling of patient cases. In times when they are involved, they are sometimes keen to observe processes and practice such that they learn, slowly moving themselves through the community of practice.

As an 'outside observer' medical students are in a unique position to observe said practice and reflect on the potential of change. With that said, the numbers of medical students that actively 'step-up' is low.

The reasons behind this vary. For example:

- A) A feeling of disempowerment
- B) Self-Doubt
- C) Anonymity
- D) Lack of knowledge on how to challenge

We believed, as a group of medical students and educators, that we should devise a lesson plan that can help medical students **gain an initial understanding into and appreciation of their role in keeping patients safe.**

We devised four learning objectives:

1. Recognise the importance of patient safety and reporting
2. Explore the reasons behind why students may not raise concerns
3. Reflect on the role of medical students as outside observers
4. Demonstrate raising concerns using the PACE tool

This session is intended to be a 30-minute workshop done in groups of around 10-12 students. The small group size allows for more intimate and open discussions about patient safety. From our experience, as medical educators, we would recommend having some students lead the session, potentially alongside an expert facilitator. This peer-to-peer approach allows students to feel more comfortable sharing their views and experiences.

The session is targeted at students in the first few years of their course, however it can be tailored for all years. We would suggest, for younger years, spending more time on the importance of patient safety, and for those in clinical years, create more of a focus on PACE and implementing their communication skills using our role-plays.

Session Plan

Before the session starts, load the powerpoint on the video.

Slide 1 - Starter Activity: Task Fixation (2 minutes)

Preload the following video to 11 seconds:

<https://www.youtube.com/watch?v=vJG698U2Mvo>

Split the Group into two halves. Give one side of the group a piece of paper saying: *'you're the doctor: watch how many times the ball is being passed.'*

Give the other group a piece of paper saying: *you're the medical student: 'watch the video and look for anything abnormal, irrelevant to the passing of the ball.'*

Make sure the groups don't reveal their specific task to each other.

Slide 2 - Group Discussion

- Ask Group 1 ('doctors') first: 'what did you find?'
- Then ask Group 2 ('medical students'): 'what did you find?'

Hopefully the doctors will say 15 passes and the students will recognise the gorilla in the background dancing around.

Ask the group what they think this represents/what this is an example of.

If necessary; explain that doctors, and sometimes students, can be fixated on the task at hand. They often do not recognise hazards/risks. Medical students are in a unique position on placement to spot these risks. They should, therefore, use this ability to prevent patient safety errors.

Slide 3-5: SPEAK UP: The role of the Outsider Observers (2 minutes)

- Explain the Aims and Objectives of the session. Highlighting that this will serve as an introduction to the topic only. Introduce first learning objective (Slide 5).
- The Facilitator should now drop an obviously incorrect statement related to patient safety (feel free to use your own)
 - E.g. 'In *insert institution's region*, between 2015 and 2017, a study found that the majority of patients died while waiting to see their GP in the clinic waiting room.' Try to continue on to the next part quickly, thereby not giving the students an opportunity to interject. This replicates how in life opportunities to speak up can be fleeting.

Slide 6-10: Activity 1 - Patient Safety Quiz (2 minutes)

We all know why Patient Safety is important, but just as a reminder, let us play a little quiz..

- Present three facts and figures, presented in an MCQ Style format on patient safety.
- Answer for Question 1: A
- Answer for Question 2: B
- Answer for Question 3: D
- Answer for Question 4: A

We recommend, if the class is looking tired to do a running quiz.

- Place A,B,C,D on four walls and ask the students to run to the letter which corresponds to what they think is the right answer.

If students are unable to move around the room do it as a ‘raising hands style quiz’

These questions will highlight the importance of patient safety and the extent of the reporting issues. They will also act to give students some more background knowledge on the subject.

Slide 12: ASK - Who noticed my mistake? And then... why did no-one challenge me? (2 minutes)

In reference to the misleading fact in the title slide section.

- *Oh, by the way, did anyone notice anything unusual about the fact I dropped in the aims and objectives? If people say yes, ask:*
- *Why did nobody challenge me?*

Slide 13-14: Discussion: If patient safety is so important, why don't we all *a/ways* speak up?

Allow open discussion first, then present the following reasons (Slide 14):

- FEAR
- Hierarchy- status as medical student
- Self doubt - are you right and the consultant is wrong?
- Anonymity- personal consequences
- Sense of duty to the team- consequences for clinicians
- Lack of knowledge on how to challenge
- Lack of confidence

Slide 15-17: Introduce Bystander Apathy and Command Gradient (2 minutes)

Based on the discussion above, explore some theory on patient safety and raising concerns:

- **Bystander Apathy:** Explain that sometimes we are unwilling to step-up when others are around.
- **Command Gradient Error-** An actual or perceived difference in rank that inhibits communication, disrupts the joint-mental-model and can lead to serious consequences
 - The idea originally came from the aviation industry
 - When pilots who are working together are of the same rank- the rate of incidents is lower
 - When pilots are ranked two or more levels apart- greatest rate of incidents
 - People tend not to challenge or speak freely amongst those who are more experienced/of higher rank
 - This applies directly to medicine as we often work with people of varying experience
 - As emergencies arise, it's important to have a tool to mitigate the effects of command gradient and reduce the risk of potentially life-threatening communication errors

Slide 18-19: Introduce Learning Objective 3 and ask students to come up with at least one patient safety issue they have heard of or been told about (3-4 minutes)

Remind the students that they are in a safe space and that they should respect patient confidentiality.

Ask the students to reflect on examples of when patient safety has been compromised or what examples they may have heard or been told of.

- Ask students to write their thoughts/experiences down on a piece of paper. Place these into a hat. Take one out, read/explain it and ask the group what they think of it. Potentially run through the Reflective Cycle as shown below
- Alternatively use smartphone web-based page for submitting anonymous statements (e.g. Padlet)

(If students are struggling- prompt their ideas with examples of some of the more frequent occurrences e.g. handwashing, tailgating, challenging new visitors to clinical areas).

Tell the students if their story particularly affected them, or if they feel the need to speak-up about it, to come to you in the end privately for a discussion.

- At this point you can mention the GMC Policy on speaking up. Particularly Domain 2 of Achieving Good Medical Practice

Slide 20-21: Activity 3 - Scenarios (real life story) role playing (6 minutes)

Ask for four student volunteers. Give them all a script each (see script resources) and assign them roles

1. Doctor
2. Student
3. Nurse
4. Narrator

The students will read the story of the 'wrong kidney being removed'. The Narrator and Facilitator should make sure that the students are aware that, although this is a dramatic re-telling, these accidents do happen.

Rewind the scenario and ask the students to raise their hands when the Nurse or Student could have interjected, ask them for a suggestion as to how they could have done it

Speaker Prompt: Of course, it is difficult to speak up. It would be helpful to have a tool that could support students to do so.

Slide 22-26: Introduce Learning Objective 4 and PACE - The Raising Concerns Tool (8 minutes)

"Primum non tacere – first do not be silent"

Explain to the students that: PACE is a mnemonic that utilises graded assertiveness. Medical students are in a position to question- they are expected to ask questions all the time. As mentioned in activity 1, they are sometimes the only ones who are not task-focused and are therefore in a unique position to notice when things are not going right. It can be, when put on the spot, difficult to think of what to say- PACE can avoid this inhibition and helps to give students confidence and the ability to speak up when their voice is needed the most. The student can go straight to any level depending on severity and urgency of situation, or they can use the recommended graded approach, escalating their

Run the medical students through the Mnemonic.

PACE graded assertiveness

Probe (is that right?)

Alert (I'm not sure that is right.)

Challenge (this is not right, reassess)

Emergency (STOP, I have control)

Extra phrases for medical students (feel free to come up with some of your own ideas):

Probe: “Are we supposed to do x in that way?”

Alert: “I think what you are doing might be wrong, can we check the guidelines?”

Challenge: “Can we stop for a moment and reassess the situation?”

Emergency: “STOP what you are doing”

Slide 27: Activity 4 - Implementing PACE (scenarios)

The Facilitator is to run through some scenarios where patient safety is not strictly adhered to. They are to narrate the story as it happens step by step. At the end of the scenario, students have the opportunity to raise and ‘buzz’ as soon as they feel confident to challenge or raise concerns to the specific party involved utilising PACE. Once they buzz, they have to say out loud to the group what they would say and in what tone etc. as guided by PACE including *when* in the scenario they would speak up. Reward this with a sweet/chocolate. After each one, begin a short discussion and ask if anyone would do it differently. If appropriate/necessary facilitator can provide a ‘good’ example after each one. For example for scenario 1:

“That was great, thank you for speaking up- you potentially prevented a patient safety incident. Another way you could phrase it is: ‘We have our handwashing technique assessment coming up; are we supposed to wash our hands with soap before seeing each patient? This is an example of the **PROBE** in PACE”.

Below you will find two clinical scenarios. Facilitators should improvise their own stories using the examples below as a guide. Consider these factors when making the scenario

- Sense of urgency and puts students on spot (just like in real-life - to develop confidence to speak up)
- Implement PACE in context
- Facilitator to give good examples of using PACE after each scenario that students can use on placement

1. **Handwashing** - Consultant on ward round between patients.

You’re a 4th year medical student on your gynaecology rotation. You are on the ward-round with your consultant, Dr Mars, who is doing a great job at teaching and getting everyone involved practicing histories and examinations. The Consultant goes to examine a patient’s abdomen. Before this, they go to wash their hands, but there isn’t any hand sanitizer at the bed-side. The consultant says ‘ah well’ and proceeds to examine the patient. The examination is unremarkable and the doctor walks out visibly happy and promptly moves onto the patient in the next bed.

2. **Sharps disposal** - You are a second-year medical student on your second day on placement on a vascular ward. You are shadowing an FY1 and have just observed them getting blood from a patient. They do this without any issues and the patient is

comfortable. You walk away, and as you begin to discuss the skills and steps involved, the FY1 opens a regular clinical waste bin and drops the used needle in. You then proceed to follow them to watch them complete the next job on their list- cannulation.

3. **Information governance** - Group of doctors discussing confidential patient details loudly in hallway
4. **Information governance** - FY2 leaving patient notes at dining area
5. **Infection control** - Registrar not wearing PPE before entering source isolation side room
6. **Venepuncture** - Re-inserting same needle after failed first attempt

Slide 28: Conclusion (1 minute)

Give a link to the students about the story of the student who actively spoke out during a patient safety incident and how this saved a patient's life.

<https://www.kevinmd.com/blog/2014/07/medical-student-speaks-saves-life.html>

Run through your medical school/Institutions' guidance on incident reporting. If available give a handout explaining the process for the medical student to take with them

1. Patient safety is our collective responsibility
2. Medical students are in a unique position to see the bigger picture and raise concerns
3. Speaking up can save lives

Slide 29: Evaluation (1 minute)

With regards to the Learning objectives (refer back):

1. To understand why patient safety and reporting are important
2. To recognise the importance of medical students as 'outside observers'
3. Practice being able to raise concerns in a constructive format

Ask the students to either do a thumbs up, a thumbs down or a middle thumb (for yes, no and not sure/maybe) to the following questions.

- Are you more aware of your responsibility in protecting patients?
- Do you feel more confident in challenging unsafe behaviour on the ward?
- Do you feel like you could use PACE on placement?

Script for Speak Up: The role of the Observing Outsiders

Remove this when Printing: Provide a copy of this to each of the four medical student volunteers. Please explain that this is a fictitious script loosely on a real event. Some things have been changed to highlight a compilation of various medical errors.

Narrator: The following story is loosely based on a real event and has a couple of adaptations related to other safety incidents. The story takes place in a Main City Hospital. A 5th year medical student is on placement with a highly regarded surgeon.

Opening Scene: Surgical Office.

Medical Student: Thank you Mr. Jones for having me with on placement today.

Doctor: Yeah, no problem, let me just explain to you to the case and we can get going. I want to get out quickly today, got dinner reservations for tonight.

Medical Student: Okay!

Doctor: So, we are going to be doing a nephrectomy today, I expect you know what that is right?

Medical Student: Ummm... yeah removal of a kidney, right?

Doctor: *Sighs* Yeah, that's right.

Nurse Enters Sign

Nurse: Mr Jones, I have the patients notes, we okay to do a brief?

Doctor: Nah, its okay. I saw them during the MDT this morning, put them in the box.

Nurse: But we Shoul....

Doctor: Anyways, I was saying, we are going to be doing a Total Nephrectomy. Nurse can you make sure we mark the Patients right side.

Medical Student: *Glancing at the notes* Hmm, it says here that the left kidney is the one that's...

Doctor: Yeah yeah., go get scrubbed up then and I may let you do something for a change.

Doctor: Caroline, can you put those x-rays up on the board in theatre and quickly.

Nurse Caroline: *Sighs* Sure.

Scene changes to theatre

Doctor: So, as you can see that's the renal artery and the renal vein. I'm going to make the incision now.

Medical Student: Hmm, are we sure that we're removing the right Kidney?

Doctor: Absolutely, we are removing the Right Kidney. God.

Medical Student: Okay, I just wanted to check....

Narrator: The surgeon continued on with the surgery fully removing the right Kidney. Soon after, the patient entered respiratory distress and was sent to another Hospital. The patient was given dialysis from a specialist clinic to get his remaining kidney to work. Sadly, the patient died within the year of the operation.

<https://www.telegraph.co.uk/news/uknews/1397693/Wrong-kidney-surgeon-ignored-me-says-student.html>

References

<https://www.youtube.com/watch?v=vJG698U2Mvo>

<https://litfl.com/communication-in-a-crisis/>

<https://litfl.com/speaking-up/>

https://www.skybrary.aero/index.php/Authority_Gradients

<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/hierarchy-and-hand-hygiene-would-medical-students-speak-up-to-prevent-hospital-acquired-infection/3478829E3C2E085ED9983F59D735F0D2>

<https://bmjopen.bmj.com/content/4/5/e004740.short>

<https://qualitysafety.bmj.com/content/26/11/869.abstract>

<https://qualitysafety.bmj.com/content/15/4/272.full>

<https://qualitysafety.bmj.com/content/16/4/256.short>

https://www.who.int/features/factfiles/patient_safety/en/

<https://www.iapo.org.uk/news/2018/nov/6/world-health-organizations-10-facts-patient-safety>

<https://www.who.int/news-room/detail/13-09-2019-who-calls-for-urgent-action-to-reduce-patient-harm-in-healthcare>

<https://www.pharmaceutical-journal.com/opinion/correspondence/markings-the-first-world-patient-safety-day/20207050.article?firstPass=false>

<https://www.pharmaceutical-journal.com/news-and-analysis/news-in-brief/national-patient-safety-alerts-launched/20207081.article>