

## Lesson Materials

### Scenario 1 (Unprofessional behaviour theme)

**1-2 Minutes:** Read the scenario to the groups, get a member of each group to read out what they have been given as a response to the scenario, and ask them to discuss for 2 minutes:

1. How likely are they to react in this way?
2. How comfortable/uncomfortable do they feel with the response they have been given?

“Whilst you are on a clinical attachment on the Cardiology ward, you finish reviewing a patient on the ward round with your team. As you make your way to the next patient, the F2 doctor that you are with makes a derogatory comment about the patient being overweight, and states that they have ‘caused all of their own problems, and they do not deserve a hospital bed’

Group A response

- You and your placement partner look at each other, feeling uncomfortable, but do not say anything in response. You are unsure whether the patient heard the comments or not.

Group B response

- At the end of the ward round, you ask to speak to the most senior clinician present, and mention what had happened

Group C response

- You try to challenge the F2 doctor’s opinion, but are cut off by another doctor as the conversation moves on to the next patient

**2-4 Minutes:** Now ask the groups to come up with an action plan for raising a concern about this particular scenario, referring them the relevant GMC guidance.

<b>Domain 2 section 20</b>	<p><b><i>Medical student responsibility to raise a concern</i></b></p> <p>“Patient safety is the responsibility of the whole team, which could include clinical and non-clinical members. This includes medical students on clinical placements.”</p>
<b>Domain 2 section 22</b>	<p><b><i>Refer to your medical school’s raising concerns policy</i></b></p> <p>“You must follow your medical school’s policy on raising concerns, wherever possible”</p>

<b>Domain 2 section 23</b>	<b><i>The GMC recognises the barriers to raising concerns that medical students might have</i></b>  “We recognise that raising concerns about patient care can be difficult. As a medical student, you may not feel comfortable raising issues with supervisors who may be responsible for making assessments of your performance on the placement. You may also feel uncomfortable raising concerns with senior clinicians. This is why you should, wherever possible, follow your medical school’s formal policy on raising concerns, which will help you understand how to deal with difficult issues like these”
<b>Domain 3 section 55</b>	“be polite and considerate at all times”  “treat patients fairly and with respect, no matter what your own thoughts are about their life choices or beliefs”

**4-5 Minutes: Challenge Q to ask the students and facilitate discussion**

Would your preferred response to the scenario/willingness to raise a concern change if the F2 doctor was replaced with a senior supervising consultant?

**Scenario 2 (Patient safety theme)**

“You are a 3<sup>rd</sup> year medical student on your first clinical placement attachment, whilst in the A&E department you clerk a patient with your placement partner, who leads the discussion. The patient is elderly, and throughout the consultation refers to your placement partner as “doctor” multiple times. Your placement partner does not correct the patient and seems to make promises at the end of the clerking regarding their care”.

Group A response

- You leave the consultation room and ask your peer why they did not correct the patient, they reply “it is just easier to leave it”, you are worried that the patient has been promised the wrong treatment by the student but do not do anything as you are sure someone else will pick up on it later

Group B response

- After leaving the patient room, you go back to see the patient to explain on your own that you are only medical students and will have to find a doctor to decide what will happen next, as you come out of the room your placement partner is stood there looking angry after overhearing the conversation.

Group C response

- You do nothing as the patient was probably confused anyway, and needs to be reviewed by a doctor regardless of what happened when you were clerking them in. A similar situation has happened with the same placement partner.

**1-2 Minutes:** Read the scenario to the groups, get a member of each group to read out what they have been given as a response to the scenario, and ask them to discuss for 2 minutes:

1. How likely are they to react in this way?
2. How comfortable/uncomfortable do they feel with the response they have been given?

**2-4 Minutes:** Now ask the groups to come up with an action plan for raising a concern about this particular scenario, referring them the relevant GMC guidance.

<p><b>Domain 2 section 20</b></p>	<p><b><i>Medical student responsibility to raise a concern</i></b></p> <p>“Patient safety is the responsibility of the whole team, which could include clinical and non-clinical members. This includes medical students on clinical placements.”</p>
<p><b>Domain 2 section 25</b></p>	<p>“It can be difficult to raise concerns about fellow students, who may be people you work with on projects or placements or your friends. But as a student choosing to join a regulated profession, it is your duty to put patients first and this includes patients you see on placements and those treated by your fellow students in the future. “</p>
<p><b>Domain 2 section 27</b></p>	<p>It’s just as important to raise concerns you have about the staff you work with. For example, a doctor, nurse or other healthcare professional who is or may be:</p> <ul style="list-style-type: none"> <li>- acting outside his or her competence</li> <li>- failing to see concerns about their health or not following advice on these concerns.</li> </ul>

<b>Domain 3 section 44</b>	“As a medical student, you must be honest when you don’t know something”
<b>Domain 3 section 59 “Don’t”</b>	“misrepresent your skills or level of training to others”

**4-5 Minutes:** Challenge Q to ask the students and facilitate discussion

Would your preferred response to the scenario change if your placement partner was replaced with an F1 doctor who was promising care outside of their capabilities?

**Acknowledge at the end of the scenario**

-> these are just some of the ways that a person could respond to the scenario, they are supposed to make you feel uncomfortable and willing to not act this way in the future, but instead to form an action plan to raise the concern appropriately.

-> this scenario incorporates aspects of patient safety and professionalism

**Scenario 3 (Peer wellbeing theme)**

“You are a pre-clinical medical student. Over the past few weeks you have noticed that a friend of yours has not been turning up to any lectures and seems increasingly quiet during group sessions. They sometimes make small comments to you about feeling low and not wanting to be at university anymore. They appear to be increasingly withdrawn, look pale, tired and as if they have lost weight.”

**1-2 Minutes:** Read the scenario to the groups, get a member of each group to read out what they have been given as a response to the scenario, and ask them to discuss for 2 minutes:

1. How likely are they to react in this way?
2. How comfortable/uncomfortable do they feel with the response they have been given?

Group A Response

- You decide to leave it and wait a few more weeks before doing something, as although the comments are unusual, they seem “okay” and are still attending some university sessions. You hope that one of their housemates would notice if things became more serious

Group B Response

- You send them a text message later on that day to ask them if they are okay and offer help, and are not met with the response, you leave the situation alone as you believe they will seek help if they feel they need it

Group C Response

- You speak to a member of staff running one of your group sessions that day about your concern, before speaking to the student. The student overhears the comments and rushes in to reassure the staff member that they are fine and you have no idea what they are talking about

**2-4 Minutes:** Now ask the groups to come up with an action plan for raising a concern about this particular scenario, referring them the relevant GMC guidance.

<b>Domain 2 section 25</b>	It can be even harder to raise concerns about a peer’s health, but you must bring this to the attention of your medical school if you are worried about their safety or wellbeing. You should never attempt to treat a fellow student’s health condition and when you raise your concerns it’s important to remember that this will enable your medical school to give them help and support
<b>Domain 2 section 27</b>	It’s just as important to raise concerns you have about the staff you work with. For example, a doctor, nurse or other healthcare professional who is or may be: <ul style="list-style-type: none"><li>- <b>failing to see concerns about their health or not following advice on these concerns.</b></li></ul>
<b>Domain 2 section 32</b>	As a medical student, both during study and on a placement, you’re likely to experience situations that will have an emotional impact on you. At times, you may experience stress and anxiety. This is completely normal and your medical school will support you with safe ways to share and reflect on difficult experiences. But if you are concerned about your levels of anxiety, you should seek help from your general practitioner (GP) and other appropriate sources (for example, helplines) to address any issues at an early stage. This may include making adjustments to your training or practice, if necessary.
<b>Domain 2 section 38 ‘Don’t’</b>	Don’t: <ul style="list-style-type: none"><li>- hide it – your medical school will want to help you</li><li>- diagnose or treat yourself</li><li>- seek treatment from friends, family or those close to you.</li></ul>

**4-5 Minutes: Challenge Q to ask the students and facilitate discussion**

Would your preferred response to the scenario change if the person in question was not a close friend of yours?

**Acknowledge at the end of the scenario**

-> these are just some of the ways that a person could respond to the scenario, they are supposed to make you feel uncomfortable and willing to not act this way in the future, but instead to form an action plan to raise the concern appropriately.

-> this scenario incorporates aspects of well-being, professionalism and ultimately patient safety