# SMac Property Safer

## MITS Case Based Discussion SOP

Documents to support this are underlined

### **Beforehand**

- A foundation doctor (FD) makes an appointment to do a CBD with a trained MITS debriefer, who may be a doctor, pharmacist, nurse or service user
- The FD receives the <u>CBD proforma</u>, the <u>MITS rules of thumb</u>, and <u>SMAC<sup>2</sup>/Top Tips card</u> (which they should also have previously received) when the CBD appointment is confirmed, which should be at least 24 hours before it takes place
- The FD selects an insulin prescribing event in which (s)he has been involved using the (NDIA) criteria on the proforma to help them choose an appropriate one
- The FD completes the proforma by referring to the rules of thumb they bring this with them to the CBD

## The MITS CBD

- 30 minutes is scheduled for this
- It takes place in a quiet, comfortable setting, where it is possible to talk without being interrupted and is unhurried
- The CBD does not proceed unless the FD attends punctually having already completed the CBD proforma and brought it with them
- The debriefer acts more as a facilitator than an expert or critic (facilitation skills are explained later)

# Beginning

- The debriefer, who has the, the <u>SMAC<sup>2</sup></u> card, <u>MITS Top Tips</u>, <u>MITS Rules of Thumb</u> a blank Debriefer's record sheet, and a blank Trainee record sheet:
- Introduces him/herself and explains his/her role to help the FD learn reflectively from experience of prescribing insulin
- Asks the FD to introduce him/herself
- Asks FD their grade
- Agrees when they will finish
- Asks the FD 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 things that are difficult without being criticised

# SMac<sup>2</sup>

## **MITS Case Based Discussion SOP**

## The prescribing event (about 10 minutes)

The debriefer:

- Asks the FD to talk through the prescribing event, following the structure of the CBD proforma, preferably from memory rather than by reading what they wrote beforehand
- Listens attentively; if needed, asks simple, open questions to help the FD 'open up'
- Pays more attention to what matters to the FD than to slavishly following the proforma
- May use the the <u>SMAC</u><sup>2</sup><u>card</u>, <u>MITS Top Tips</u> and/or <u>MITS rules of thumb</u> to provide helpful questions
- During this, the debriefer writes a brief note about the event being described

## Enabling the FD to optimise their insulin prescribing (5-10 minutes)

The debriefer helps FD identify learning and make SMART commitment to future behaviour:

- Gives the FD a blank Trainee record sheet
- Places a copy of SMAC<sup>2</sup> card and the MITS top tips in front of themselves and the trainee.
- Asks the FD to record answer to the questions below on a blank FDs' record sheet and does the same on a <u>Debriefer's record sheet</u> using S, M, A, C or O (other) for each point
  - -Asks 'In what aspects of SMAC<sup>2</sup> will you change your behaviour?'
  - -Asks 'When and how will you do this?'
  - -Asks FD to record this and does so themselves
  - -Asks 'What might make you unsuccessful?' and 'How will you prevent that?' (May prompt FD by referring to other people's suboptimal behaviour)
  - -Asks 'Overall, what have you learned about prescribing insulin well?'

# **Ending**

The debriefer:

- Asks FD to upload their completed <u>CBD proforma</u> and <u>Trainee record sheet</u> to their ePortfolio
- Invites FD to ask any questions or make any final comments before finishing
- Wishes FD success in optimising their insulin prescriptions
- Invites FD to send a "ticket" via email for a CBD entry to be completed by the debriefer in their ePortfolio
- Completes the final section of the record sheet:
  - Rates potential harm/benefit to patient
  - Rates emotional impact of event on trainee
  - Rates how clinically challenging the event was
  - Completes the sentence: 'This CBD taught me (the debriefer) that a systemic issue, or issues, affecting learning to prescribe or prescribing insulin is/are ...'
- Returns <u>Debriefer record sheet</u> to site MITS implementer, who forwards it to Deborah Millar for analysis



# Guide to facilitating a MITS debriefing

## Attributes of an effective facilitator

Effective facilitators show 'relationship leadership' and 'task leadership'

### They Model:

- Relationship behavior
- 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 group, 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. Negotiating when needed
- 8. Challenging appropriately
- 9. Contributing content knowledge appropriately
- 10. Managing time
- 11. Closing the session on a positive note

It may be helpful to ask an FD to reflect on:

- Positive affects: i) Motivation
  - ii) Confidence
- Negative ones: i) Ambivalence
  - ii) Uncertainty iii) Resistance
  - iv) Denial

As the debriefer helps the FD commit to change, they encourage positive feelings by, for example

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