'Understanding undergraduate fitness to practise- a simulated case study approach'

Dr Julie-Ann Hayes

Senior Lecturer, LJMU

6th May 2017

RCN International Nursing Research Conference, Oxford

What lead to this study...

- Nursing – ITU
- Interest in Medical Law and ethical decision-making
- MA
- An interest in understanding/deconstructing 'things' and processes
- MRes leading to this project
- Interest in simulation and the use of visual research

Aim of the study

- To examine the impact of influence, experience and skill on the decision-making process of those involved in fitness to practise(FtP) panels for undergraduate health and social care students, with a view to identifying best practice for practitioners from three professional groups (nursing, paramedic practice and social work) and undergraduate health and social care students.

Background to the study

- Increasing numbers of incidents involving health professionals surrounding harm to patients

- There is little available data about the incidence of student fitness to practise problems across the professional groups.

- There is individual HEI data re: academic misconduct and there is literature that examines the policies surrounding fitness to practise

Research Objectives

- To examine the decision-making process within a series of FtP panels including nursing, paramedic and social work practice in order to provide greater understanding of the process of FtP and what may influence the determination of FtP.

- To compare the decision-making processes of students, lay people, inexperienced and experienced panel members within FtP panels for undergraduate students.

- To evaluate the potential of simulated cases to be used as both an educational and developmental tool with students and practitioners surrounding FtP.

Research Design

- Case study research- influenced by Stake(1995) & Yin (2003)
- Simulated cases
- The case (s) selected is studied in depth
- The aim is to NOT examine the actual case but to use this case as a vehicle to examine issues in more depth
- The aim was to capture the 'realness' of a panel through simulation
- The case was be viewed by four focus groups from each field of practice.
- I adopted a 'stop/start' method within the focus groups in observing the filmed case

The 'cases'

- I created a case for each phase of the study
- **Phase 1** involved a nursing student panel
- **Phase 2** involved a paramedic student panel
- **Phase 3** involved a social work panel

- Each case was created with input and expertise from staff working in the individual field
- Each case was developed from 'real' panels
- Each case uses staff from specific field for the simulation
- All cases were filmed and edited and a high quality recording produced.

Using the cases:
'Stop-Start' Method

- The aim is to apply a 'stop-/start' method within the focus groups in observing the filmed case

- This method has been adopted by many researchers and in particular within the field of anthropology

- Richard Werbner's work 'Séance reflections' (2004) and 'Shade Seekers and the Mixer' (2006) demonstrating the use of visual recordings to explore the meaning behind rituals.

- Using a similar approach to Werbner, I revealed sequences of the filmed case to the focus groups and allowed for examination the content. This interactive use of the case study aimed for a clearer deconstruction of the decision making process with the focus groups.

Why Simulation cases?

- There is no research conducted in the field of FtP using simulation.
- Work in the field of law using 'mock' trials to examine decision –making Tinsley (2000) Winter et al (2007)Ellison et al (2010)
- Simulation is a recognised and valuable tool to train but can the benefits be extended to use in research?

Teteris (2012) highlights

' simulation experience not only allow practise without patients suffering adverse consequences… it also offers more control over the experience'

What is the value of simulation?

Norman et al (2012) suggests that there is an assumption that central to the use of simulation that five key issues are considered...

1.   That simulation is meaningful to learning (*not just simulation for the sake of simulation)*
2.   That the skills acquired in simulation can be applied to the 'real' world
3.   The closer to the 'real world' the better the transfer to real life
4.   Authenticity- the simulation should resemble an equivalent real-life scenario
5.   More complex skills/situation demand more complex simulation

Teteris (2012) suggested that those who are 'trained' with simulation showed better performance in real situations.

The value of simulation

- Real life was important in my decision to use simulation. I wanted to capture 'real'.
- Proximity to 'real life' was explored by Maran and Glavin (2003) who suggested two ways to create proximity to 'real life'
- **Engineering fidelity or authenticity**: does the simulation look realistic
- **Psychological fidelity**: does the simulation contain the critical elements to accurately simulate the specific behaviours required to complete the task
- With my simulated case study I aimed to achieve both… I wanted it to look real and feel real.
- Did I achieve this?

The experience of simulation

- Initial feedback from those involved in Phase 1 case simulation
- More in depth Interviews with those involved in Phase 2 (paramedic) case simulation- this lead to rich data on the experience itself
- Phase 3 provided feedback that informed the overall research
- Questions involved:

- *'How did the simulation make you feel?'*
- *'What have you learnt from the Simulation?'*

'How did the simulation make you feel?'

'The emotions became real'

'It felt serious and evoked such strong emotions'

'I found it intimating and daunting'

'We discussed it after the event- it was a heated discussion!'

'You know its not real and yet it still feels real'

'I'm quite susceptible to simulation- I became engrossed very quickly'

'It's a bit like watching a TV programme- you become engrossed even though you know its not real, you invest in it anyway'

'It felt real' 'I felt bad for him'

'What did we learn from the simulation?'

' I learnt a lot from the chair about the role and how to approach these situations'

'Understanding of the process'

'To advise the student to have the right support'

'It's helped me to consider professionalism and what that means'

'Learning from something that is not real'

'Learnt how important documents are- the need to be precise'

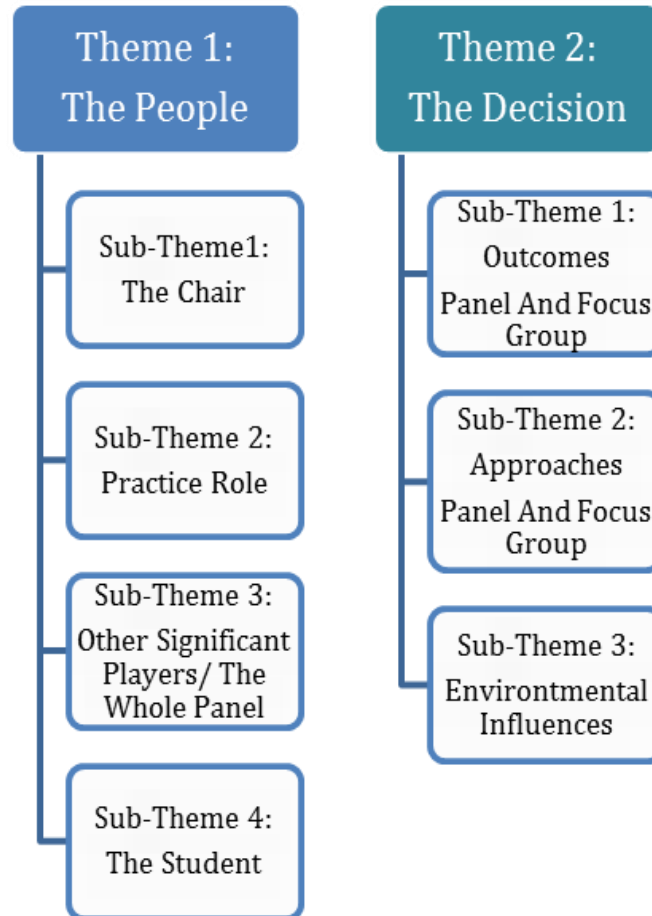'What is our accepted standard around this type of behaviour'

How can this now be used?

- Classroom use with students to gain greater understanding of FtP… '*It's helped me to consider professionalism and what that means*'

- Training for staff involved with FtP…'*Understanding of the process*'

- Consideration of the support we offer student during this process… *'I found it intimating and daunting*'

The actual research

- Following the creation of the simulated case, focus groups were conducted that examined the case in detail and allowed for a 'deconstruction' of the case and the decision-making involved.

- Student focus group
- Experienced focus group
- Inexperienced focus group
- Lay person focus group

Findings: 2 Broad Themes emerged...

```
┌─────────────────┐          ┌─────────────────┐
│   Theme 1:      │          │   Theme 2:      │
│   The People    │          │   The Decision  │
└────────┬────────┘          └────────┬────────┘
         │                            │
    ┌────┴───────────┐           ┌────┴────────────┐
    │ Sub-Theme1:    │           │ Sub-Theme 1:    │
    │ The Chair      │           │ Outcomes        │
    └────────────────┘           │ Panel And Focus │
                                 │ Group           │
    ┌────────────────┐           └─────────────────┘
    │ Sub-Theme 2:   │
    │ Practice Role  │           ┌─────────────────┐
    └────────────────┘           │ Sub-Theme 2:    │
                                 │ Approaches      │
    ┌────────────────┐           │ Panel And Focus │
    │ Sub-Theme 3:   │           │ Group           │
    │ Other Significant│         └─────────────────┘
    │ Players/ The   │
    │ Whole Panel    │           ┌─────────────────┐
    └────────────────┘           │ Sub-Theme 3:    │
                                 │ Environtmental  │
    ┌────────────────┐           │ Influences      │
    │ Sub-Theme 4:   │           └─────────────────┘
    │ The Student    │
    └────────────────┘
```

Theme 1

Sub-Theme 1: The Chair

'It was clear who was sort of chairing, taking the lead...' **Nursing INEXP P2**

'I expect (the chair) to listen and allow people to talk and not interrupt. And to know what they are talking about as well' **Social work Student P1**

'The chair really sits there- it's like a judge, in effect- they sit there and listen to everyone what they've got to say' **Paramedic EXP P2**

Theme 1

Sub- Theme 2: The Practice Role

'I think (practice rep) had a different questioning approach' **Nursing EXP P4**

"There's one person coming from a very strong perspective and it is swaying the panel. It is the practice-led panel member' **Social work INEXP P1**

'She (practice representative) had a kind of influence as the first speaker' **Social work INEXP P2**

Theme 1

Sub- Theme 3: Other Significant players

'It was unclear until (panel member 2) stepped in…going through the code. It made everything clearer' **Nursing EXP P2**

'I thought he's (panel member 3) the voice of mitigation, he tried to reason with them, give them some moral sort of…' **Social work INEXP P3**

'I thought he's (panel member 3) the voice of mitigation, he tried to reason with them, give them some moral sort of…' **Paramedic INEXP P3**

Theme 1

Sub- Theme 4: The Student

'He was unprofessional' **Nursing Student P1**

She(student) seemed composed' **Social work Student P2**

'He went too far didn't he? I mean jokes like that are not really jokes are they' **Paramedic Student P4**

What we know from Theme 1

- The chair is a significant influence
- Influence through roles such as practice
- Influence through style

Influence will impact on the decision-making process and the outcome.

Theme 2

Sub- Theme 1: Outcomes The Panel

Sub- Theme 2: Approaches

Sub- Theme 3: Environmental Influences

Theme 2

Sub- Theme 1: Outcomes The Panel

'They're swinging towards a different course or decision'
Nursing Student P1

'I wouldn't be able to make a decision' **Social work INEXP P3**

'Maybe some sort of mentorship?' **Paramedic INEXP P3**

Theme 2

Sub- Theme 2: Approaches

'It was when the chair gave her opinion that I felt that there was more structure to the decision making' **Nursing Layperson P2**

'I thought that they all looked to the practice representative for a decision' **Social work INEXP 1 P4**

'The chair referred to the HCPC code quite a lot... that was helpful to make sense of the decision' **Paramedic INEXP P3**

Theme 2

Sub- Theme 3: Environmental Influences

'It's was similar to an interview set-up' **Nursing INEXP P1**

'It's very formal, isn't it, not very open' **Social work Student P1**

'There's a big boardroom table…they're all sat on one side… its serious … it feels like a courtroom' **Paramedic INEXP P2**

What we know from Theme 2

- Clarity on the possible outcomes is necessary before any decision-making discussions take place

- Approaches to decision-making are seen to affect outcomes

- Influences are seen to affect outcomes

- Panels are seen as distressing…

- Formal v's informal panel?

What have we learnt?

- A need for clear guidance (understanding) to what is 'Fitness to Practise' and broadly 'professionalism' is the starting point
- Is the HCPC/NMC guidance on its own enough?
- Decisions are influenced by our understanding and our experience of Fitness to Practise
- Experience (or lack of) may affect the outcome of a panel
- A creative examination of fitness to practise (simulation for example) may aid our understanding of a complex issue

What next?

- Further research with other fields? *Working with student governance to create materials*

- Could these decisions be replicated with others?

- Further research into the impact of panels on students- could we minimize this distress?

Thank you and any questions?

References

- Clothier (1994) Allit Inquiry: Independent inquiry relating to deaths and injuries on the children's ward at Grantham and Kesteven General Hospital. HMSO, London.
- Nursing and Midwifery Council (2015) The Code: Standards of conduct, performance and ethics for nurses and midwives.
- Nursing and Midwifery Council (2009) Guidance on professional conduct for nursing and midwifery students. No longer in use.
- Norman G, Dore K, Grierson L (2012) The minimal relationship between simulation fidelity and transfer of learning. Med Edu 46 636-647
- Maran NJ, Glavin RJ (2003) Low-to high-fidelity simulation- a continuum of medical education? Med Edu 37 (supp1): 22-8
- Shipman Inquiry (2005) Independent Public inquiry into the issues arising from the case of Harold Fredrick Shipman. www.the-shipman-inquiry.org.uk/>
- Stake, R.E. (1995) *The art of case study research: Perspectives on practice*. 3rd edn. Thousand Oaks, CA: Sage Publications
- Teteris E, Fraser K, Wright B, McLaughlin K (2012) Does training learners on simulators benefit real patients? Adv Health Sci Educ Theory Pract 7(1): 137-44
- Van De Gaag, A (2012) Paramedics and Professionalism: Looking back and Looking forwards. Journal of Paramedic Practice. Vol 5 No 1.
- Werbner, R (2004) 'Séance reflections' LJMU Video Archive.
- Werbner, R (2006) 'Shade seekers and the Mixer' LJMU Video Archive
- Yin, R.K. (2003) *Case study research: Design and methods*. 3rd edn. Thousand Oaks, CA: Sage Publications.