

CMPA GOOD PRACTICES GUIDE

SAFE CARE — REDUCING MEDICAL-LEGAL RISK



Faculty guide

Guide for Canadian medical school educators

- ▶ Downloadable videos and teaching aids
- ▶ Media rich cases with trigger questions
- ▶ Group activities that support PBLs/CBLs
- ▶ Just-in-time aids



FOR TRAINING PURPOSES ONLY: The *CMPA Good Practices Guide* learning materials are intended to draw attention to the various patient safety and medical-legal risks that can arise in the course of clinical practice and the strategies for minimizing such risks; they should not be considered to reflect common clinical care. Text cases, videos, and scenarios may intentionally portray examples of poor patient and provider interactions or contain incorrect medical information to demonstrate how lapses in medical judgment and poor communication might negatively affect patient outcomes.

The sole purpose of the *CMPA Good Practices Guide*, including its supporting faculty assets, is to provide a training resource for use by trainees and professors at the faculties of medicine in Canada and for health professional training programs at post-secondary institutions in Canada.

The information contained in this learning material is for general educational purposes only and is not intended to provide specific professional medical or legal advice, or to constitute a “standard of care” for Canadian healthcare professionals. The use of CMPA learning resources is subject to the foregoing as well as the CMPA’s Terms of use.

Your feedback is important

If you have suggestions for improving this resource or questions about faculty development, please contact us at education@cmpa.org.

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Introducing the CMPA Good Practices Guide

The *CMPA Good Practices Guide* is an online resource intended to contribute to safe medical practice and reduce medical-legal risks.

The Guide has been developed for:

- ▶ medical students
- ▶ residents
- ▶ teaching faculty

Other healthcare professionals may also find its content useful.

This resource is designed as a self-study tool to assist medical trainees in preparing for their medical examinations while also helping them to comprehend the medical-legal implications of medical practice. The content of the Guide is organized in 7 themes: Patient safety, Teams, Communications, Managing risk, Human factors, Adverse events, and Professionalism. The *CMPA Good Practices Guide* is interactive and features over 125 case studies drawing from the Association's research and analysis of cases. It includes over 40 downloadable videos and animations, numerous quizzes, as well as 150 good practices. Over 115 concepts are also included to help illustrate key processes leading to good practices.

The companion Faculty guide explains the *CMPA Good Practices Guide* and provides suggestions on how medical educators can effectively use the resources available within it.

The Guide is available to all Canadian educators who are responsible for teaching medical trainees. Medical schools are encouraged to contact the CMPA to learn more about how faculty can use the Guide to teach patient safety and risk management.



Teaching patient safety and risk management

Good practices begin in training. Canadian medical schools and accrediting bodies recognize the importance of improving education in patient safety and risk management. Such teaching should weave throughout course work and clinical rotations. Much of medicine is taught at the bedside or point of care. When possible, these 'teachable moments' should include discussions of safer care and reduction of risk.

Some clinical exposure is required to understand the relevance of certain patient safety and risk management topics. More training should be provided as clinical experience increases. For example, students on a clinical rotation will better appreciate the importance of learning about handovers of care.

The following suggestions may help faculty to introduce patient safety and risk management.

- ▶ Introduce risk management into everyday clinical teaching at the point-of-care or bedside by:
 - pointing out vulnerabilities in the processes of care
 - discussing pitfalls in diagnosis, including the role of cognitive and affective biases
- ▶ Test for knowledge, skills, and attitudes related to the topics of the Guide.
- ▶ Make time to debrief individual and team activities after a clinical case or at the end of a shift or the day. Highlight what was done well, what was learned, and what could be done differently next time.
- ▶ Create or participate in inter-professional patient safety rounds.
- ▶ Teach how to constructively participate in protected quality improvement reviews.
- ▶ During an academic half day, discuss some of the relevant case studies available in the Faculty section (text cases, videos, role-plays, and simulations).
- ▶ Encourage trainees to explore the *CMPA Good Practices Guide*. Assign completion of the eLearning activities included in the Guide.
- ▶ Regularly review a patient safety article from the Guide at a journal club.
- ▶ Provide acknowledgement for the best quality improvement suggestion.
- ▶ Encourage or mandate trainees to complete a quality improvement project with faculty support.
- ▶ Incorporate more patient safety and risk management topics, including consent for treatment and documentation of care, into scenarios in simulation centres.

The teachable moment — Bedside and point-of-care teaching

Much of medicine is taught during student-trainees' encounters with real patients.

Teachers can use these moments to expand on the presentation and management of the patient in more detail. This is an opportunity to demonstrate professional behaviour and communication skills, and to provide insight gained from knowledge and experience of patient safety and risk management.

Principles in bedside and point-of-care teaching:

- ▶ Consider patient comfort a priority.
- ▶ Include the patient in the discussion if possible.
- ▶ Respect patients' privacy.
- ▶ Focus safety teaching on 1 or 2 key points.
- ▶ In the presence of a patient, explain any medical terms and jargon.
- ▶ Conduct debriefs related to care away from the patient.



How the CMPA Good Practices Guide is organized

Domains and topics

The *CMPA Good Practices Guide* is organized using the framework of The Safety Competencies from the Canadian Patient Safety Institute.¹ The topics of the Guide also align with the CanMEDS and CanMEDS-FM frameworks. An additional domain on professionalism has been added to this resource recognizing the importance of this subject in risk management.

PATIENT SAFETY

- Understanding harm
- Just culture
- Systems
- Accountability
- Quality and safety improvement
- Governance
- Legal liability

HUMAN FACTORS

- Defining human factors
- Challenge to diagnosing
- Cognitive biases
- Situational awareness
- Equipment and technology
- Other workplace factors
- Human factors engineering

PROFESSIONALISM

- Professionalism in practice
- Being honest
- Cultural safety
- Behaviour
- Dealing with conflict
- Respecting boundaries
- Social media
- Supporting colleagues

COMMUNICATION

- Patient-centred communication
- Privacy and confidentiality
- Informed consent
- Informed discharge
- Team communication
- Handovers
- Consultations and referrals
- Documentation

TEAMS

- Healthcare teams
- Safe teamwork
- Delegation and supervision
- Medical-legal lessons

ADVERSE EVENTS

- Errors and matters of judgment
- Disclosure
- Quality improvement
- Managing stress

MANAGING RISK

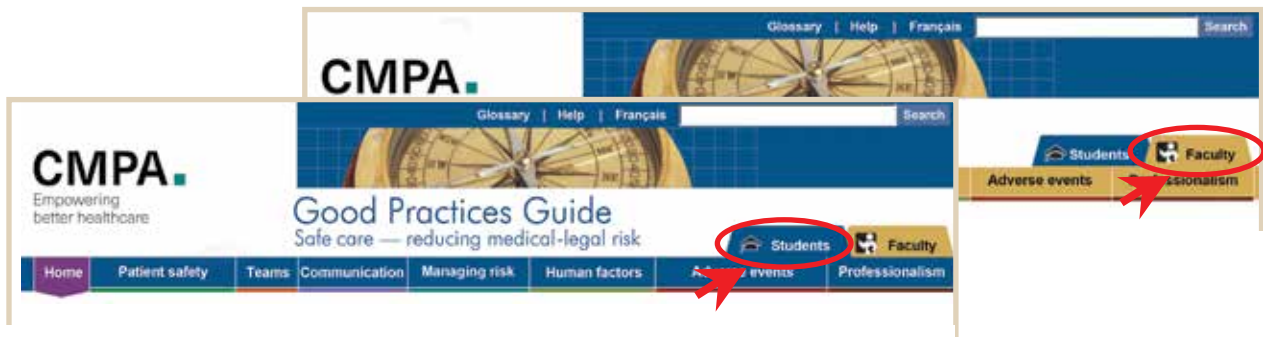
- The diagnostic process
- Diagnostic tips
- Reducing risk in surgery
- Medication risks

¹ Competencies: Enhancing Patient Safety Across the Health Professions. Ottawa, ON: Canadian Patient Safety Institute; 2008. (see www.patientsafetyinstitute.ca)

Navigating the Guide

The *CMPA Good Practices Guide* has two sections: one for medical trainees, the other for faculty.

Toggle between the faculty and student content by clicking on the tabs.

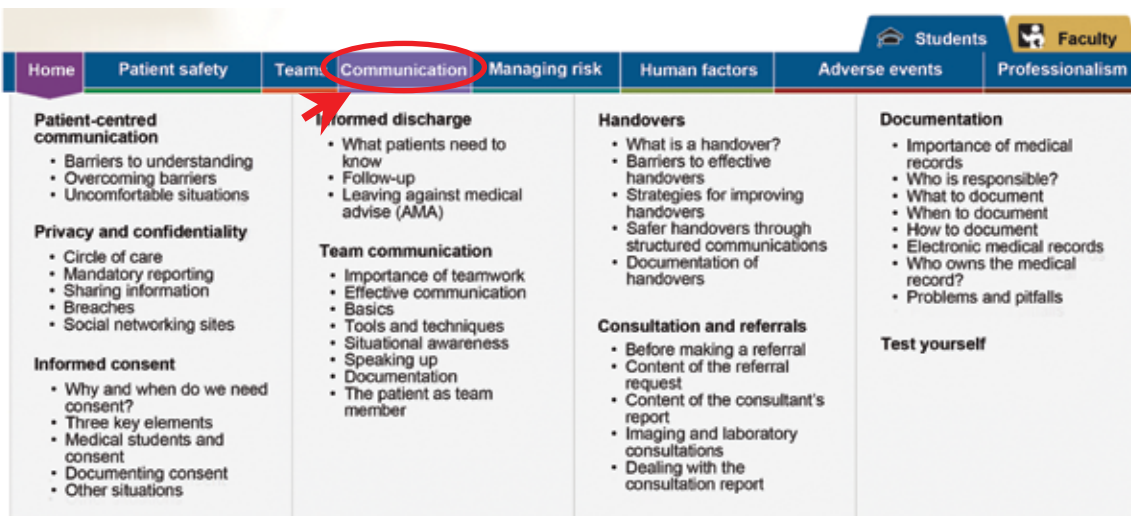


Each domain is accessed using the tabs at the top of the page – Patient safety, Teams, Communication, Managing risk, Human factors, Adverse events, and Professionalism.

Searching the Guide

Review the topics for each domain by rolling over the applicable tab in the navigation bar, displaying a menu of topics for that domain.

The Guide can be searched by domain, topic, CanMEDS or CanMEDS-FM role, type of specialty, and by key words.





Student section

Rolling over the tab of each domain shows the contents of that domain.

Each domain or topic includes the following information to reinforce learning:

- ▶ rollovers for definitions of key medical-legal terms and references
- ▶ “Key concepts” and “Good practices” for each topic
- ▶ links to the section “Want to learn more” for viewing additional material

Students can review many case examples as stand-alone content. The learning tool includes animations and audio. Each domain includes quiz questions which provide immediate feedback on key learning points.



Several CMPA eLearning modules are linked to the Guide. These contain more case studies and content. Statements of completion for trainees are available after completing a quiz found in these modules.



Landmark Canadian legal cases highlight important court decisions that have influenced how medicine is practised in Canada.



Faculty section

The Faculty section of the Guide provides a range of educational materials and activities to teach the core content found in the Student section. Activities are designed for students with different learning styles and at different levels of training.






- ▶ All materials are available for use directly from the website or can be downloaded to Apple or PC computers.
- ▶ Links from the Faculty section back to core content for students are clearly labeled.
- ▶ Resources enable group interactivity, problem-solving, and case-based learning.
- ▶ Each activity can be adapted to allow trainees to complete more research, interact through online activities, and review additional material as necessary.
- ▶ Activities can be used in different types of group sessions. These include role-plays and narrative exercises.
- ▶ “Quick activities” can be used for just-in-time teaching or point-of-care teaching at the bedside.

The following is a screenshot of a portion of the resources available in the Faculty section of the Communications domain.

» **Team communication**

Student prep - Core content	 Student content
Team miscommunication	 Video / Transcript  Trigger questions (pdf)
Speaking up on obstetrics rotation	 Role play scenario (pdf)
Speaking up in surgery	 Role play scenario (pdf)
Speaking up in an office	 Role play scenario (pdf)

» **Handovers**

Student prep - Core content	 Student content
Office based handover	 Video / Transcript  Trigger questions (pdf)
Hospital handover by resident	 Video / Transcript  Trigger questions (pdf)

Icons and a text label identify the types of activities for each domain.



Short video vignettes of real cases engage learners.



Quick activities prompt just-in-time discussion.



Trigger questions accompany each video, stimulate discussion, and facilitate reflective learning.



Role-play scenarios encourage students to explore strategies for dealing with complex situations.




Text cases and trigger questions allow students to consider real-life cases.




Narrative exercises provide students with opportunities to reflect on, and learn from, their experiences.

Activity sheets

The Faculty section of the *CMPA Good Practices Guide* provides activity sheets in ready-to-use PDF format to enhance teaching by providing additional information and instructions. Each activity sheet includes content related to a domain and topic area, and if appropriate, other domains and topics. Keywords are available for use as metadata if activities are downloaded to a school's Learning Management System (LMS). The activity summary, trigger questions, and suggestions for faculty provide a brief description of the activity.

CMPA Good Practices Guide		VIDEO TRIGGER QUESTIONS	
TITLE Trigger questions for "Hospital handover by resident"	DOMAIN AND TOPIC Communication>Handovers		
KEYWORDS handovers, resident, internal medicine, intra-professionalism			
ACTIVITY SUMMARY The short video "Hospital handover by resident" portrays a poorly performed handover between shifts. These supporting trigger questions and suggestions to faculty focus on helping students to identify what went wrong, and how to improve the handover.			
TRIGGER QUESTIONS <ol style="list-style-type: none">1. What factors contributed to this poorly performed handover?2. What measures could the residents have taken to prevent this adverse event?3. How could a poor handover contribute to an adverse event?4. How would you feel if you received this information on handover?			
SUGGESTIONS TO FACULTY In small groups, have students re-write the handover script to make it more effective using a structured communication tool and interactive questioning. Have one group act out their script for the rest of the group.			

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Using the resources in the CMPA Good Practices Guide

About the use of case studies

The Guide contains several types of resources for teaching, including case studies. The use of case studies is recognized as essential in developing knowledge, skills, and proper attitudes. Case studies in risk management expose trainees to real-world clinical situations, challenges, and dilemmas they will eventually face in practice.

The *CMPA Good Practices Guide* includes many case studies. These are considered valuable teaching aids.

- ▶ Case selection is more effective if customized to the practice type, level of training, and the care environment.
- ▶ Discuss cases involving a range of health professionals to underscore issues related to teamwork.
- ▶ Consider system-team-provider-patient factors that contribute to events.
- ▶ Cases involving residents and medical students are more engaging for trainees.
- ▶ Address issues of delegation and supervision.
- ▶ The complexity of the case should increase along with the clinical experience of the trainee.

USING CASES FROM CLINICAL EXPERIENCE

Whether clinical cases are being used by a faculty member or a trainee in presentations and workshops, the following are important:

- ▶ Never use open medical-legal cases, meaning cases which are still active.
- ▶ Carefully mask the identity of patients and other providers to protect everyone's privacy. This includes removing demographic information from diagnostic imaging and laboratory test reports.
- ▶ If a case is being used to teach medical or surgical disease and management, consider adding safety and risk management principles and pitfalls. This could also include how to appropriately document the care provided in the medical record.
- ▶ Include success stories related to patient safety and risk management, as well as cases of near misses (termed "incidents" in Québec) that have resulted in improvements in care.



Videos and trigger questions

It is often said “If a picture is worth a thousand words, a video is worth a million.”

VIDEOS

- ▶ encourage reflection and discussion
- ▶ can illustrate potentially stressful, emotionally charged healthcare communications
- ▶ can build on clinical experiences by including ethical dilemmas

TEACHING TIPS

- ▶ Review the appropriate student core content in the Guide.
- ▶ Describe the main theme of the video to be viewed.
- ▶ Ask the students to watch the video specifically identifying points of interest or reflections (e.g. identify what you think went well in this physician/patient interaction, what could be done better, etc.).
- ▶ Discuss the trigger questions, adding your own, to prompt reflection and discussion.

ADDITIONAL SUGGESTIONS

- ▶ Encourage discussion from all those attending.
- ▶ Reserve your own reflections until after the trainees have commented.
- ▶ Have the trainees re-write the scripts of the video scenario.
- ▶ Involve the trainees in role-play based on the video scenario.

TECHNICAL

The short video vignettes can be run directly from the Internet or downloaded. Each is accompanied with a set of suggested trigger questions to facilitate discussion. All are available in a ready-to-use PDF format suitable for downloading and printing.

CAUTION

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Text cases, videos, and scenarios may intentionally portray examples of poor patient and provider interactions, or contain incorrect medical information to demonstrate how lapses in medical judgment and poor communication might negatively affect patient outcomes.

Working with a large group?

The think-pair-share technique allows individuals to share their ideas no matter how large the group. The facilitator poses an open-ended question to the audience and provides time for individual reflection. After a minute, learners are asked to pair with a second individual in close proximity and discuss their responses. The facilitator provides several minutes for these pair discussions and then asks for volunteers to share their ideas with the larger group.



Text case and trigger questions

Text cases with trigger questions address clinical scenarios based on real medical-legal cases from the CMPA. They vary in complexity and may cover several domains or topics. Cases may be used to illustrate:

- ▶ specific patient safety or medical-legal risk management lessons
- ▶ system failures
- ▶ provider performance issues

TEACHING TIPS

- ▶ Review the appropriate medical trainee core content.
- ▶ Develop the educational objectives for your session.
- ▶ Review the key content.
- ▶ Distribute the text cases to small groups of learners.
- ▶ Ask each group to designate a scribe and a reporter.
- ▶ Provide sufficient time for each group to address the case(s) and the trigger questions.
- ▶ Bring the groups together and have each group's reporter discuss their observations and possible solutions.
- ▶ Review the take-home messages.

TECHNICAL

Text scenarios and trigger questions are available in a ready-to-use PDF format suitable for downloading and printing.



Role-play scenarios

Role-playing is a facilitation technique in which learners assume different roles in scenarios conducted in a controlled learning environment. Role-plays can be scripted or unscripted depending on the learners' knowledge of the subject matter and the educational objective of the role-play.

TEACHING TIPS

Role-plays can be uncomfortable for learners, particularly when they previously have not known each other. To increase learner comfort, role-play is usually best used later in a teaching session after rapport has been developed between the facilitator and learners. Here are a few more tips:

- ▶ Define the objectives and goals of the role-play. Goals may be facilitator-driven or based on suggestions from the learners related to specific skills or interventions they wish to practice.
- ▶ Introduce the requirements of role-play, including the need for respectful and constructive comments at all times amongst the participants.
- ▶ Describe the clinical situation and issues. Videos can also be used to help establish a scenario.
- ▶ Demonstrate the relevant technique. A facilitator's willingness to "go first" can reduce anxiety.
- ▶ Assign roles. Possibilities include:
 - patient and family
 - clinician or medical trainee
 - other health professional
 - observer (if there are large numbers of learners have them work in groups of 3)
- ▶ Conduct the role-play.
- ▶ Provide feedback.
 - Usually the clinician or trainee starts. Have the trainees explain what they thought went well and why.
 - The patient goes second. What did the patient think went well? What was it like to be the patient?
 - The observer comments last. Have the observer begin with what went well.
 - Each player should discuss what they found difficult or challenging.
 - Obtain player feedback as to what role players would do differently next time, if faced with a similar situation.
 - Finally, if time allows, replay the scenario using the new strategies or skills.

CHALLENGES

Scenario taking a different direction

Even though a scenario appears tightly controlled, the players may take a different path or direction than intended. Guide the players back on track or end the activity and debrief the group.

Players not understanding the situation

In some cases the role is not understood by the player. This may lead to difficulties for all participants. Support the player who is having the challenge and attempt to guide the role-play to an end. If this cannot be done, then end the role-play and begin the debriefing.



Narrative and storytelling

Writing from a personal point of view about an experience one has lived through is increasingly recognized as a way to encourage reflection, improve self-awareness, and learn from experience. Accordingly, the *CPMA Good Practices Guide* includes a narrative exercise in each domain.

FUNDAMENTAL STRUCTURE

The use of narrative essays and journaling is used to explore and reflect on many of the themes and concepts introduced in the Guide. Narrative exercises ask students to recall and think about an event they experienced or witnessed. Each narrative should include:

- ▶ a description of the event
- ▶ an explanation of how this event relates to the theme or topic assigned
- ▶ the student's reflections on the event

VARIATIONS	DESCRIPTION
Variation 1 If the group is an existing team, have the participants take on each other's responsibility during the role-play.	This role-play leads to an enhanced understanding of the challenges faced by others on the team.
Variation 2 Use a professional actor, or a standardized patient.	The trainees practice with an individual who fully understands the scenario and what is expected. Coaching can happen immediately and then the play continues with the implementation of the feedback.

<p>Variation 3 Repetitive role-play (Groundhog Play!)</p>	<p>Continually repeat the role-play with new actors. Often the scenario is very brief (e.g. lasting 1 to 2 minutes to allow multiple repetitions). This type of role-play is often used in professional training or to explore emotionally charged scenarios. Repeating the same role-play enables the learners to observe a wide range of responses to the same situation. At the end of the exercise the group discusses the different approaches and identifies what worked best.</p>
<p>Variation 4 Fishbowl</p>	<p>A fishbowl is simulated by creating a “bowl” for the actors and an area for observers. The audience observes and then comments.</p>

TECHNICAL

Role-play text case scenarios, accompanied by specific information for each role in the role-play, are available in a ready-to-use PDF format suitable for downloading and printing.



Faculty Resources Index

VIEW — a complete listing of all resources

FILTER — by CanMEDS role, type of activity

CHOOSE — the right activities for your learners

CMIPA
Empowering better healthcare

Français

Good Practices Guide Faculty Resources Index

How to Use the Index

View all resources (mapped to CanMEDS 2015) or use the filters to choose what's most relevant to your learners.

Useful Links for Faculty

[CanMEDS 2015](#), [CanMEDS-FM](#), [MCC Objectives](#), [Safety Competencies \(CPSI\)](#)

CanMEDS Roles: **Medical Expert** | Type of activity: **Video** | [Apply](#) | [Clear filters](#)

Communication

Informed discharge: Discharge from emergency | Video | ME CM

Managing risk

Diagnostic tips: Rushing resident | Video | ME CM P

Activity summary

The short video "Rushing resident" portrays a family medicine resident rushing through a patient history and physical exam. The trigger questions and suggestions to faculty focus on helping students to consider common problems in the diagnostic process and strategies to avoid them.

[Transcript](#) | Download this video for: [Quicktime](#) | [Windows Media Player](#)

Trigger questions

1. How could the assessment leading to this discussion have been done differently?
2. Should the resident reconsider the diagnosis? Discuss.
3. Describe how to develop a differential diagnosis and its importance.

Suggestions to faculty

This video may also be used to consider the cognitive biases topic in domain 5 (Human factors). For example, what possible cognitive or affective biases, or both might have influenced the resident's initial diagnosis?

Related student content

- [Diagnostic tips](#)
- [Human factors/Cognitive biases](#)

CanMEDS Roles

- Medical Expert
- Communicator
- Professional

To access the index, scan this code:

Acknowledgements

The CMPA appreciates the significant contribution to this resource made by faculty and trainees of Canadian medical schools, health professionals, and legal counsel.

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The Canadian Medical Protective Association

The CMPA provides its physician members with medical-legal advice, legal assistance related to clinical practice, and risk management education. The CMPA is funded and operated on a not-for-profit basis for physicians, by physicians. Its membership includes most practising physicians in Canada. The Association also provides physicians with an extensive, evidence-based education program on managing risk in practice and providing safe patient care.