



MDU

Case scenarios, advice and tips

For GPs in training

Being a GP will test your clinical knowledge and professional skills in a wide range of situations. The valuable experiences and feedback gained during your training will help you develop as a doctor, build your confidence and will probably stay with you throughout your career.

We have developed this guide primarily to support GPs in training, although some of the scenarios may also be of general interest to GP trainers and recently qualified GPs.

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Making introductions

A GPST examined a patient who had a rash on her torso. He didn't think it was anything serious, telling her to return in a couple of weeks if it hadn't cleared up. However, when he discussed the case with his trainer, she recommended arranging some tests.

The trainee informed the patient but she was upset at having to take more time off work. She said that if she had known her appointment was with a trainee, she'd have asked to see someone more qualified instead.

Taken aback by her reaction, the GPST apologised for

the misunderstanding and inconvenience. He arranged for the patient to see one of the GP partners at an evening surgery, to avoid her needing to take time off work.

Following the incident, the practice instigated a system where the receptionist would tell patients that their appointment was with a GP trainee and offer them an alternative. The patient was satisfied with the explanation and apology and pleased to note that changes had been made to procedures as a result of her concern.

MDU advice

- Make sure your GPST status is clear from the beginning of a consultation, especially when meeting a patient for the first time. You should also tell them if you need to discuss their case with your trainer.
- The GMC says you 'must give patients the information they want or need about the people who will be mainly responsible for and involved in their care, what their roles are.' (***Consent: patients and doctors making decisions together***, 2008).

A social media slip-up

A GPST saw blood test results for an elderly patient with a significantly raised tumour marker. Later that evening, he posted the patient's blood test result on a closed forum for doctors and asked for advice on breaking bad news.

Another GP in the group, whose father had just been told that he required an urgent biopsy, realised that the GPST had been describing her father's case. As the test result figure was the same she was able to confirm her suspicions by looking at his user-profile.

Having been told about the forum post by his daughter, the patient subsequently complained to the practice. He was concerned that his confidentiality had been breached

and was upset that his illness was discussed with people not involved in his care.

The GPST responded to say that he was sincerely sorry for his post and the distress he had caused. He reflected carefully on what had happened, explaining that he now realised that even anonymised information could identify a patient and that his first port of call for advice should have been his trainer at the practice.

The GPST advised that in future he would be even more cautious about posting anything on professional internet forums. The practice also held a significant event meeting and considered whether the breach was reportable to the ICO.

MDU advice

- Social media can be a valuable tool but your ethical responsibilities still apply online, including the need to respect patient confidentiality and behave professionally.
- Be extremely cautious when using membership-only professional sites to seek advice. Even if you are confident that an individual post has been sufficiently anonymised, bear in mind that someone close to the patient may still be able to identify them.
- Before posting online, even in closed groups, consider what the purpose of the post is and who might read it.

Wrong patient

A husband called their practice to request a home visit for his wife who had decided to be at home during her final days. The GPST who was triaging home visits that day misread the receptionist's note and accidentally pulled up the records for another patient with a similar surname. When he called to make the visit, he was surprised to find no one at home.

The patient's husband complained to the practice that he had eventually needed to call the out-of-hours service to provide symptom control for the patient in the final hours before her death.

The practice reviewed the records for all the patients triaged that day to see how the mix-up had occurred. It emerged that the GPST, who had recently joined, had not been aware of the practice's protocol in which GPs called to confirm the address with the patient/carer when arranging a home visit.

In its response to the complaint, the practice apologised to the patient's husband. The letter explained what had gone wrong and the steps it had taken to tighten its procedures. The husband was satisfied that lessons had been learned and did not take matters further.

MDU advice

- When you start a new placement, ensure the practice provides a suitable induction which should usually include running through key policies and procedures, computer systems, who to contact for help and the handover/referral of patients.
- If you are made aware of a complaint then you must cooperate with any formal inquiry or complaints procedure. This is likely to require a statement of your involvement in the incident and you may find it easier and reassuring to contact the MDU's medico-legal advisers for advice at the outset.
- Try to take something positive from mistakes. Your reflections on what went wrong, why and how you will do things differently next time are a useful addition to your ePortfolio.

Missed diagnosis

A GPST saw a six-month old infant who presented with a temperature of 38.2°C with a recent history of diarrhoea and vomiting. She found no rash and noted that the child was alert and his chest was clear and there was no evidence of respiratory distress although his throat was mildly inflamed.

Diagnosing a viral illness, the GPST advised the baby's mother about some of the major 'red flag' symptoms and how to seek further help if her son's condition deteriorated. She considered seeking the opinion of her supervisor but the practice was short-staffed that day and she didn't want to waste his time.

The following day the child was admitted to A&E with fits and was subsequently diagnosed with pneumococcal meningitis. Fortunately, he made a full recovery but his parents accused the GPST of failing to make a proper assessment and failing their

son by not arranging for him to be admitted to hospital.

The practice investigation found that the GPST had made a meticulous record of her examination, including her negative findings and the advice given. However, she carefully reflected on what had happened and explained to her supervisor her regret at not seeking input from a more experienced colleague and admitted she was not familiar enough with the relevant NICE guidelines on assessing fever in the under-5s.

The practice response to the complaint included the GPST's honest and insightful comments, along with her apology for what had happened, and it also emphasised what had been learnt. The parents accepted the apology and explanation; they were particularly reassured that the GPST had clearly understood the lessons from the incident.

MDU advice

- You have an ethical duty to recognise and work within the limits of your competence. Seek advice if you encounter something in which you have little experience or you are unsure how to proceed.
- Meningitis is notoriously difficult to diagnose in its early stages because the signs are similar to many other common illnesses. With any diagnosis, it helps to have a detailed record of the examination, positive and negative findings and advice. This will assist colleagues who may subsequently see the patient and will be important if the standard of your care is called into question.

Top tips

1

Know your limits and don't be nervous about asking for help from your supervisors or GP colleagues. Remember, you can also call the MDU's free 24-hour helpline for confidential advice on ethical matters such as patient consent, confidentiality or assessing capacity.

2

Make the most of **your support network**, whether this is your new practice colleagues, your medical defence organisation, your friends or family. They will help you stay on top of things and maintain your work-life balance.

3

Check you have **basic equipment** before starting a session or going on a home visit. Rushing about to find an otoscope during a consultation will heighten your stress levels.

4

If you find yourself running late, try to **stay calm** and not to let it affect the service you deliver for the rest of the session. This may happen in the beginning but don't forget to apologise to patients if they are kept waiting.

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