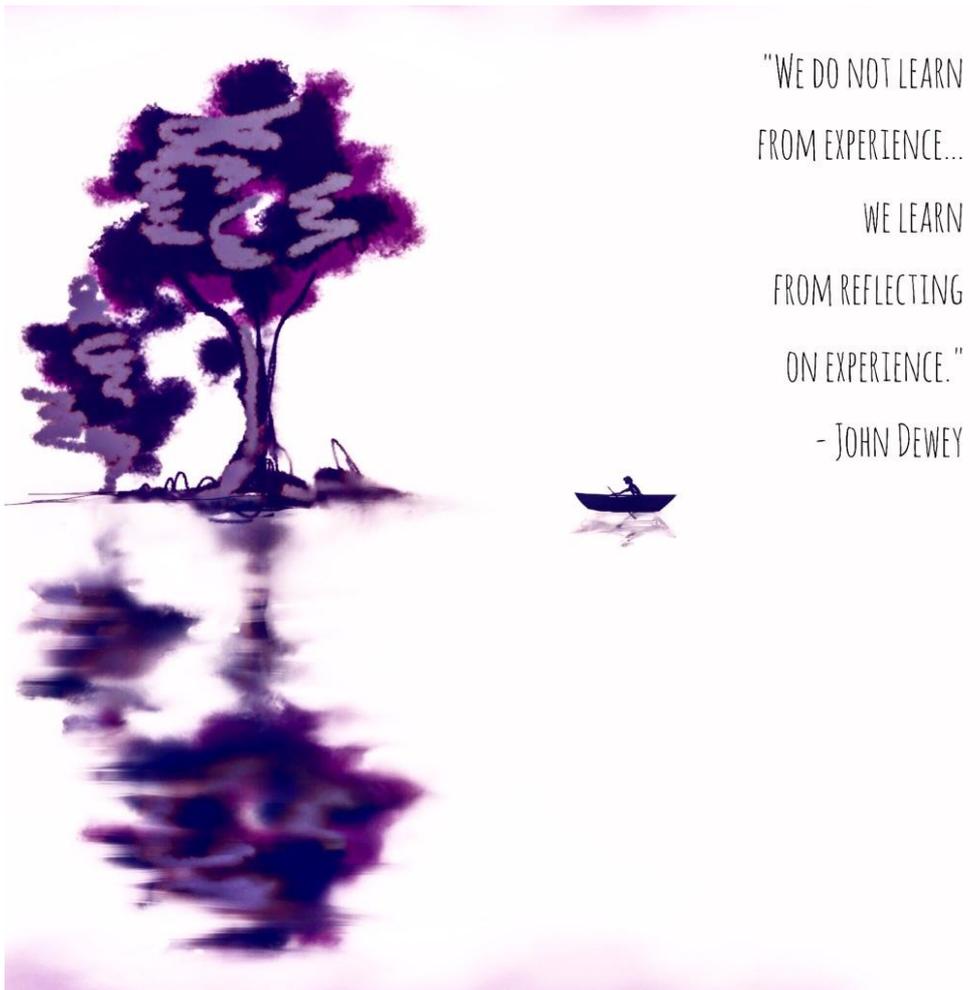


THE PENTLANDS MEDICAL CENTRE

Understanding Crisis Response Measures Using Reflection and Collective Thinking

PLT 27/01/2021



"WE DO NOT LEARN
FROM EXPERIENCE...
WE LEARN
FROM REFLECTING
ON EXPERIENCE."
- JOHN DEWEY

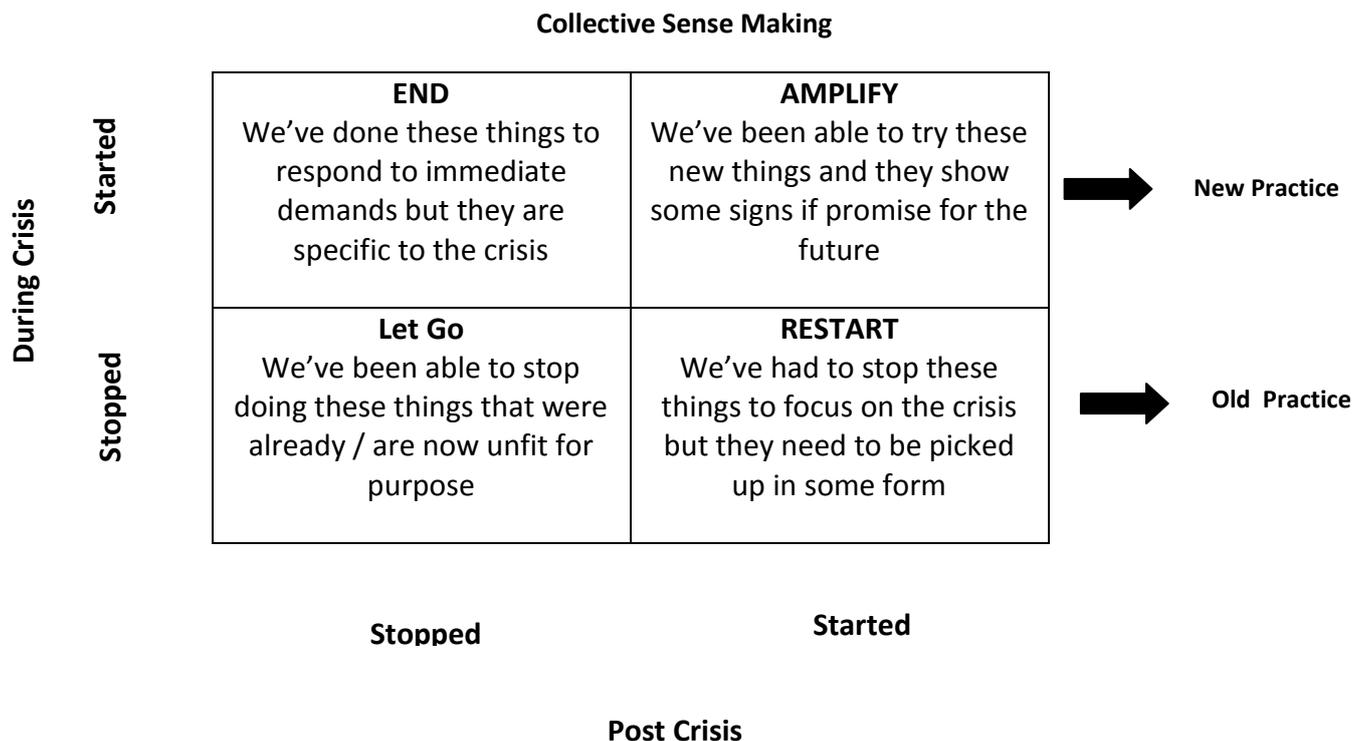
Understanding Crisis Response Measures Using Reflection and Collective Thinking

PLT 27/01/2021

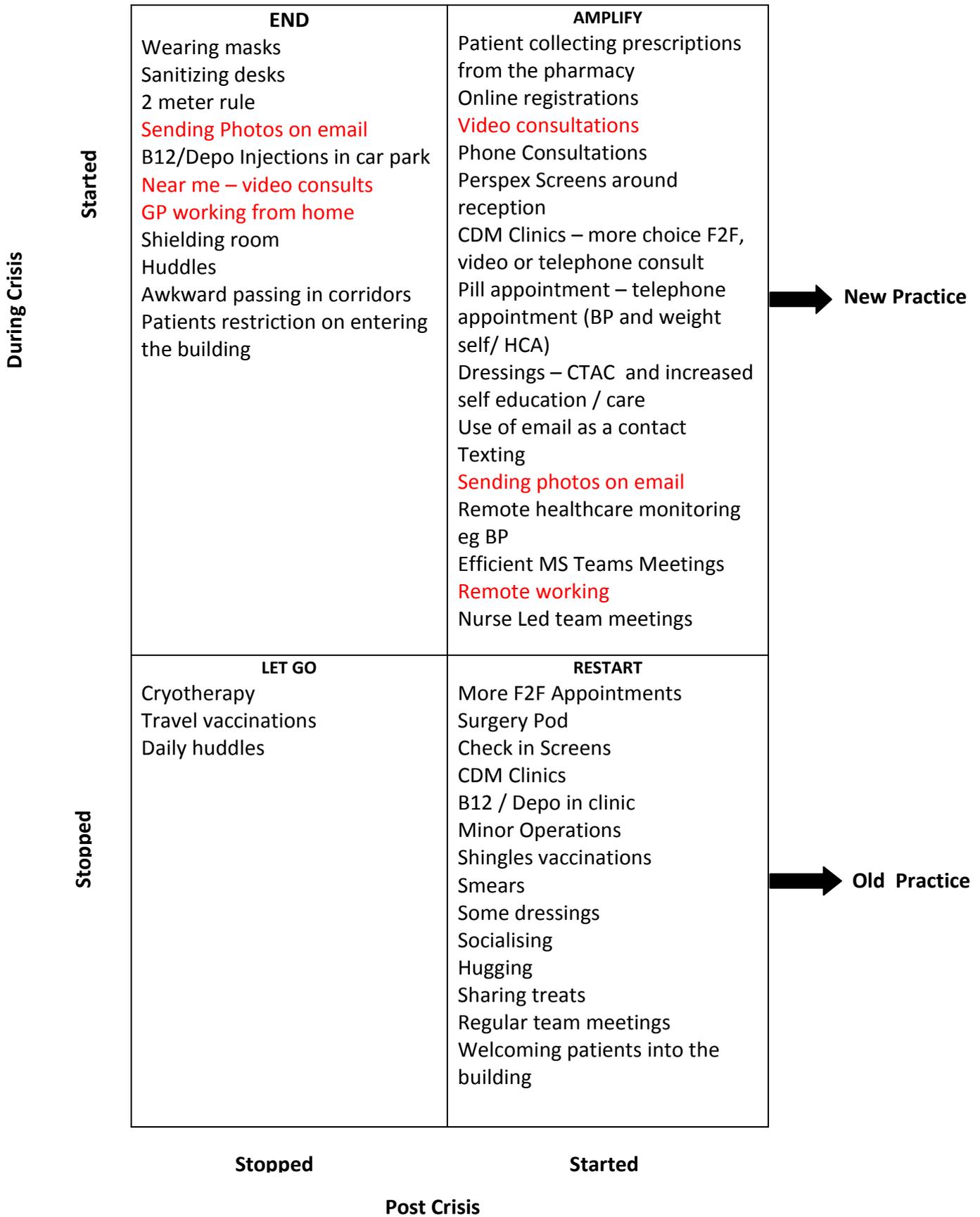
2020 Reflection and 2021 Planning

Over the last year we have all experienced changes in the way we work. Alongside this we have all had to deal with different emotions, stresses and worry. How have we managed this? Change can be difficult at any time and we may all deal with this differently. By taking time to reflect on the past year we can begin to look to the future post COVID. What will be doing differently at PMC? – What changes have worked well and will now become ‘the way we do things’ and grow to be embedded into our practice culture? What hasn’t worked so well and will change again post COVID?

We used the Scottish Government **Understanding Crisis-Response Measures Model** to help focus our thoughts and help us understand and appreciate why we too the actions we did and the longer term implication of each



The Pentlands Medcial Centre Crisis Response / New Beginnings Model



Analysis

Most notably is the AMPLIFY section where we have tried new things which have worked for us in varying degrees and we are willing and enthusiastic about considering to use in the future. Through discussion it is clear that some of these things will need to be manipulated a bit to work even better for us and the patients and we accept that some things will work better and be preferred by some more than others. Where my not retain all of these changes clearly the crisis has forced us to look at how we could work more efficiently and to re-evaluate some of the systems and procedure we have in place and change them to work better for us and patients in some areas giving more choice and flexibility in how we work and how patient can access us.

In direct comparison to the AMPLYFY section the things we aim to stop doing, noted in the in the LET GO Section, are minimal. This is largely due to that statutory requirement surrounding the work we do but is also due to and highlights the proactive culture of the practice team in regularly reviewing our systems and procedures and not routinely working in ways or with systems that are not fit for purpose.

In terms of what we will END this section may increase if new systems such as video consults or remote working do not work for us in the longer term – or they may stop for doctors but be enhanced for nurses.

The RESTART section is split between the procedures we are contracted to do and systems that work for us and some of the softer HR elements of the practice which are vital to the team dynamics, morale and culture we are used to such as socialising.

Some of the things plotted above in red may appear contradictory so an explanation is below. All of these areas will be discussed and change models, such as a swat analysis or force field analysis, including patient feedback could be used by the team to evaluate and agree how to take this forward so that it works for all, some or we move to the END section.

Sending Photos on email

Doctors find useful 50% of the time and feedback from patients is positive

Admin staff would rather end this as its cumbersome and clutters up clinical in box.

For discussion:

If patients find it useful and it enhances a telephone consultation reducing the need for a F2F then is this not worth continuing?

Could we change the way we do this so as its not so cumbersome?

Could we have another specified inbox for only photos?

Near me – video consults

Opinion is divided on this:

Doctors' comments: Generally not used, connection issues, insufficient way of consulting.

Nurses found them useful but would like to use more efficiently.

Staff happy to assist with these but not much call to do so from clinical staff.

Further discussion points

Will laptops with built in cameras make this easier/ slicker to use? Should we persevere then? Date for installation of laptops is 24th Feb

Working from home

We have had 2 doctors working from home since day 1 and others who have done this also over the time. Staff have also had the occasion / opportunity to work from home when self isolating or during adverse weather.

Doctor comments

Slower pace of working – scrolling through documents takes a long time

SGD can kick you out of the system and on some days for prolonged periods

You still need a larger % of doctors on the ground to do groundwork, ensuring that scripts get signed etc

If there was an option from working from home for one session people generally wouldn't opt in, the main reason is that other work like house visits would have to be done by others.

Admin

Will be useful to use during adverse weather conditions.

Discussion Points

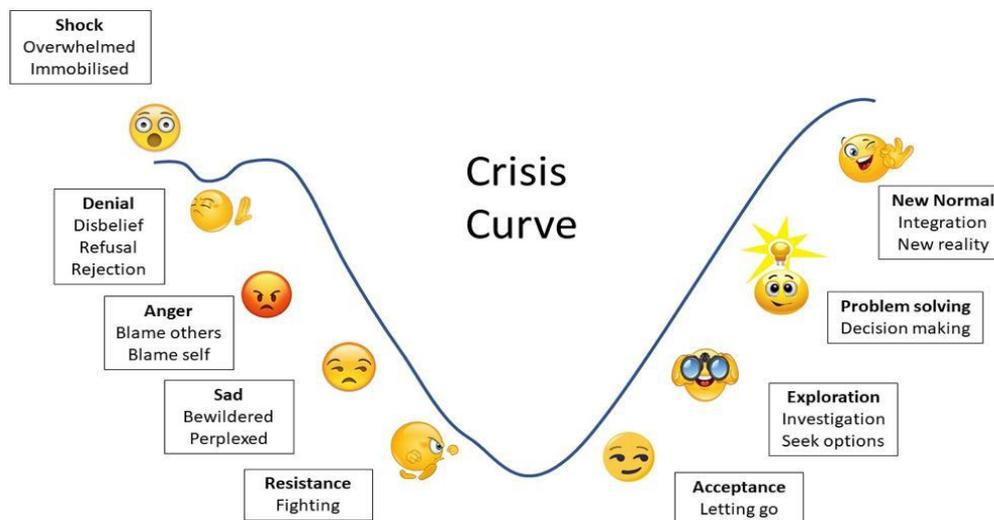
Should IT connectivity get better with VPL rather than SGD – could this be an option on odd days to increase capacity?

PLT Part 2

Crisis Curve: Understanding and coping with our own and others feelings during a crisis.

Admin and Nursing Team discussion

Using the model below we discussed the different emotions that we can all feel during crisis. This was useful for us to recognise that these feelings and emotions were normal and that we all cope in different ways whilst riding the 'covidcoaster'. Discussing our emotions together helps us recognise when our colleagues may be stressed / anxious or upset and be able to support them as they will support us.



Reflection and Discussion

'At the beginning of the Covid 19 crisis all staff expressed they felt anxious, scared, shocked, anger at times and overwhelmed by the massive change in such a short space of time'

From the discussion today it became apparent that initially it was felt by some that there was some lack of communication which increased anxiety at that time. We agreed that at times a larger team can make communication difficult and this is something we should all be aware of and work on. We agreed where email is a valuable communication tool it cannot be used in isolation. A blended approach which encourages team discussion, feedback and opinion and honest dialogue is essential. To facilitate this nurse, doctor and admin team daily meeting/huddles were formed allowing all members to express views, concerns and debrief on anything which may have arisen the previous day. 'The whole team felt this was extremely helpful and beneficial'.

Going forward the nursing team expressed they would like regular nurse led meetings to continue as it is essential to support each other.

The doctors don't feel the need now to huddle daily and where the admin team try to communicate daily with everyone this can be difficult due to working patterns.

Quotes from team members

'We all feel that although it has been an extremely challenging time, both in the work place and personal lives we have bonded as a much stronger team, allowing us to solve problems and make decisions together on a daily basis'.

'All of Pentlands MP Team has been such a supportive throughout this crisis and going forward we feel has made us stronger'.

'We are a fabulous team and working though this crisis has made us stronger and appreciate everyone more'

'Getting the opportunity to reflect on the year has been excellent'.

'I couldn't have asked for a better team to support me through a difficult year'