Reflective Practice after Bawa-Garba

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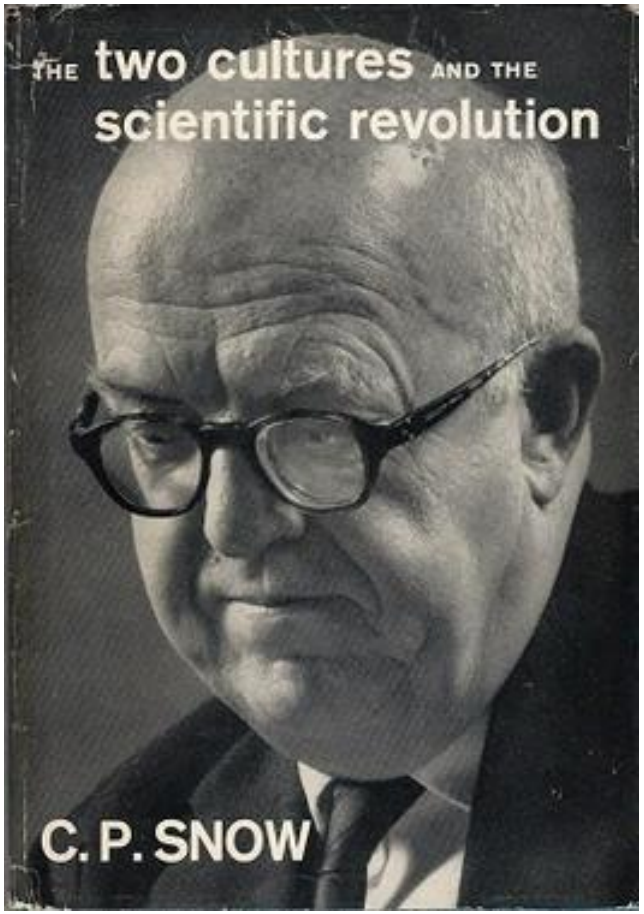
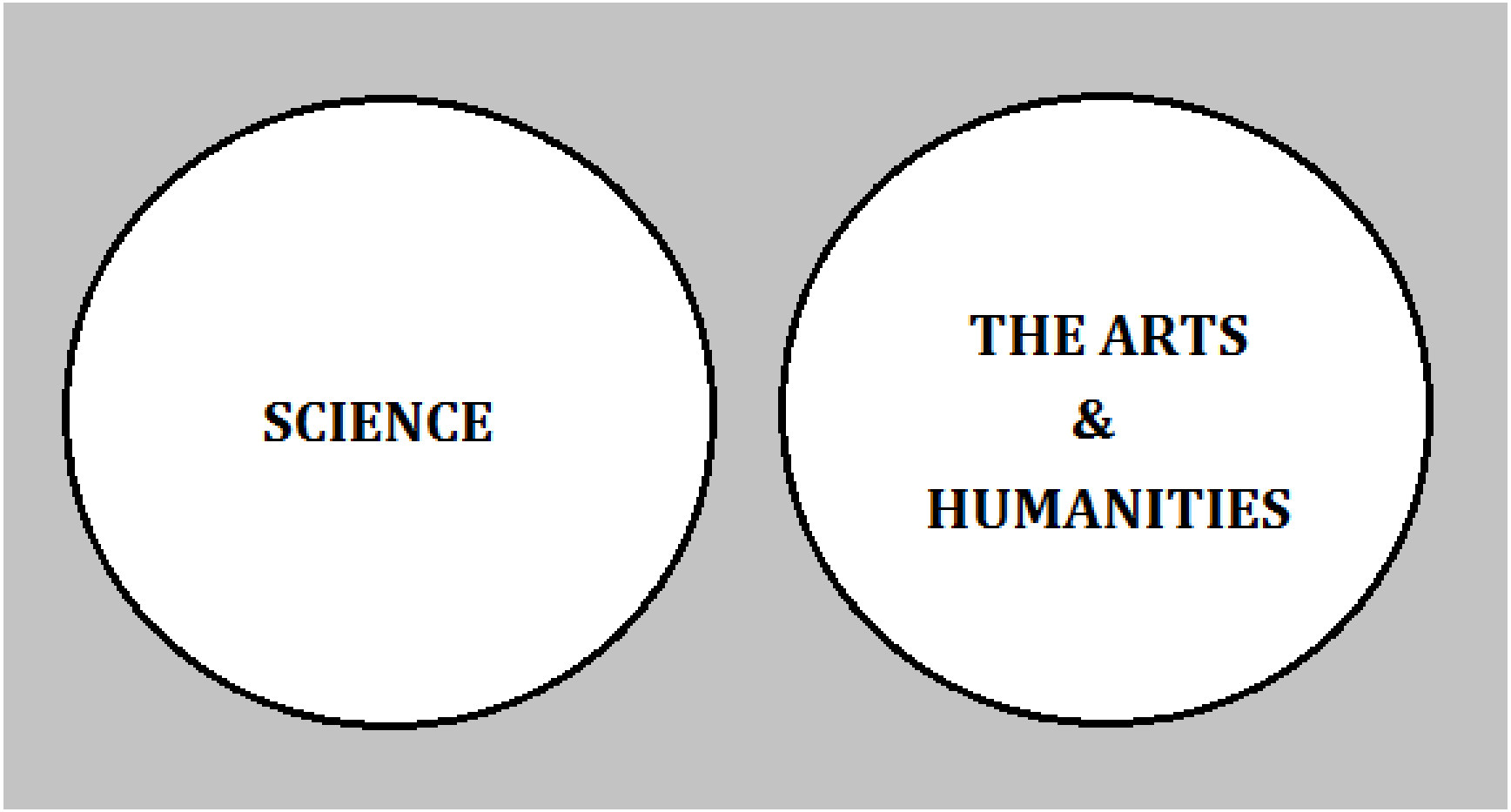
The Two Cultures (1959)



The Two Cultures



Critical Thinking

Just what constitutes that art is what makes up the interdisciplinary field of the medical humanities in medical education: communicating sensitively with patients and colleagues; close listening in receiving the patient's history; close noticing in the physical examination; making sense of the stories that patients tell and adapting interventions accordingly; managing an identity as an expert or a connoisseur in a specialty; critically and reflexively understanding the fabric of medical culture itself; and critically and reflexively understanding historical and cultural assumptions about the body, health, disease and illness.

Alan Bleakley, *Medical Humanities and Medical Education: how the medical humanities can shape better doctors* (London: Routledge, 2015), p. 3

an epistemological perspective enables the argument that the medical humanities are valuable not because they are more 'humane', but because **they help constitute what it means to think like a doctor**.

Neville Chiavaroli, 'Knowing how we know: an epistemological rationale for the medical humanities', *Medical Education*, 51 (2017), pp. 13-21.

Down's syndrome boy, 6, died when doctor exhausted by 12-hour shift mistook him for child who had 'do not resuscitate' order

- Jack Adcock died of pneumonia at Leicester Royal Infirmary
- Paediatric registrar Dr Hadiza Bawa-Garba told staff not to resuscitate him
- Inquest into Jack's death heard she had 'confused him with another child'
- Dr Bawa-Garba admitted she was 'not on top of things' after a 12 hour shift

By DAVID WILKES FOR THE DAILY MAIL
PUBLISHED: 11:29, 24 July 2013 | **UPDATED:** 18:45, 25 July 2013

18th February 2011: Jack Adcock is admitted to Children's Assessment Unit, Leicester Royal Infirmary in the morning. He dies on the night of 18th Feb, after suffering a cardiac arrest whilst suffering from sepsis.

Early 2012: Dr Hadiza Bawa-Garba, the trainee paediatrician in charge of Jack Adcock's care, is arrested and questioned about the case. She is released.

August 2012: University Hospitals of Leicester NHS Trust report finds 'no single cause' for Jack Adcock's death

December 2014: Dr Bawa-Garba and 2 nurses charged with Gross Negligence Manslaughter

8th December 2015: Dr Bawa-Garba found guilty of GNM by jury verdict of 10-2

14th December 2015: Dr Bawa-Garba is handed down a 2 year suspended jail sentence

June 2017: The Medical Practitioners Tribunal Service suspends Dr Bawa-Garba from practice for 12 months

December 2017: The General Medical Council takes the MPTS to the High Court to have the suspension overruled and Dr Bawa-Garba's erasure from the medical register instituted

January 2018: The High Court upholds the GMC appeal and Dr Bawa-Garba is struck off

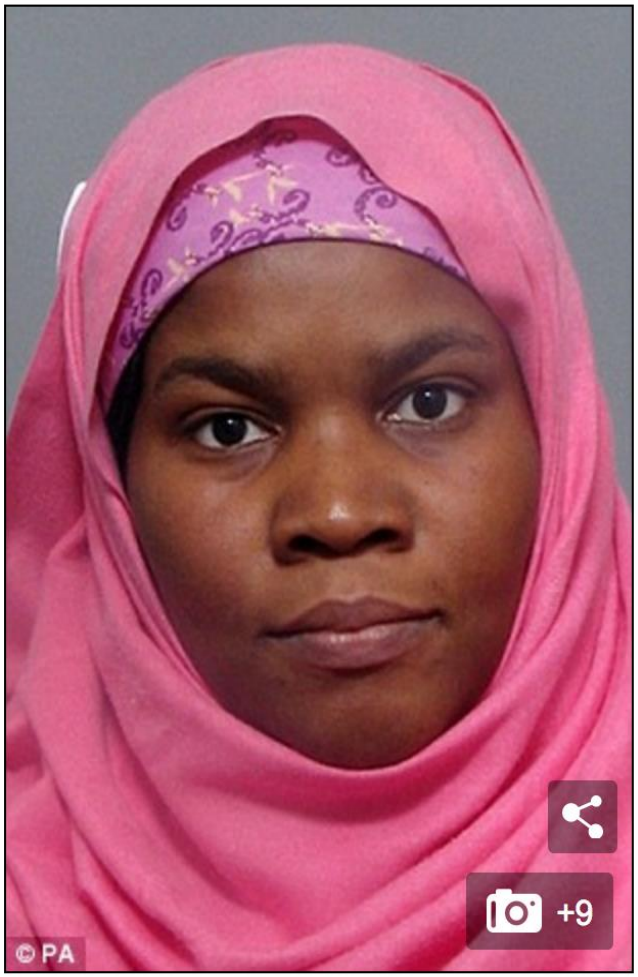
August 2018: The Court of Appeal upholds Dr Bawa-Garba's appeal and she is reinstated on the medical register.

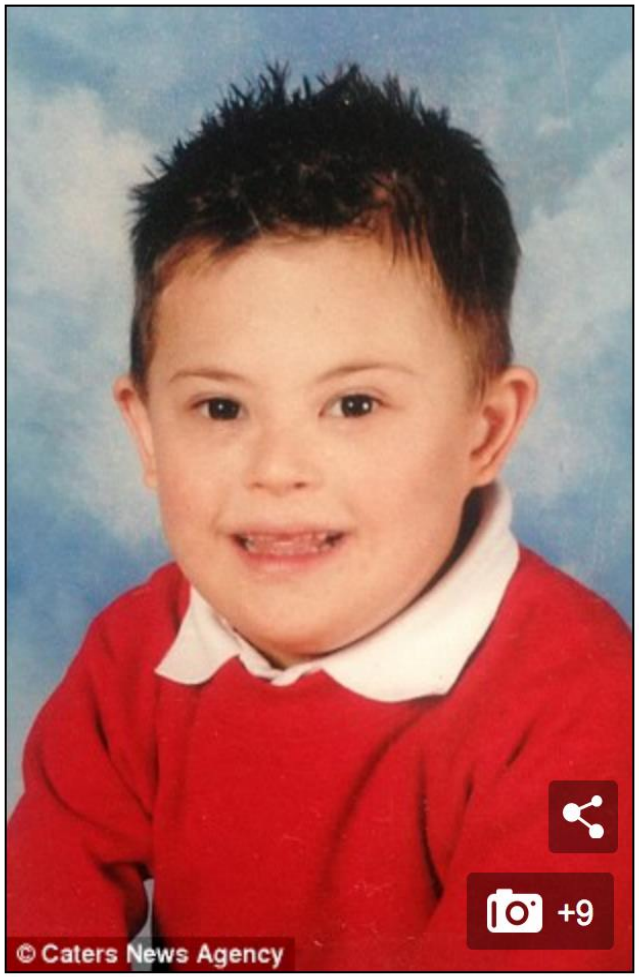
Chief Executive Officer of the GMC, Charlie Massey, states: ‘in today’s ruling the court has confirmed that the Tribunal was simply wrong to conclude that public confidence in the profession could be maintained without removing the doctor from the medical register’

Quoted in ‘Full General Medical Council statement over decision to strike off Jack Adcock’s doctor’, *Leicester Mercury*, 25th Jan 2018.

What about my son? Mother's fury as doctor who let boy die goes free after pleading she has to care for her own disabled child

The Nigerian doctor was found guilty of gross negligence manslaughter. But as her barrister argued she should be spared jail so she could care for her own disabled child, Jack's mother Nicola cried out from the public gallery: 'What about my son?'





Doctor Hadiza Bawa-Garba (left), who was found guilty of killing six-year-old Jack Adcock (right) after confusing him with a DNR patient, has today walked free from court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The role of reflection in the post Bawa-Garba era

Dr David Nicholl, consultant neurologist at Sandwell and West Birmingham NHS Trust and RCP college tutor at University Hospital Birmingham, responds to Sir Terence Stephenson's recent *Commentary* article where he discussed the GMC's actions in the case of Dr Hadiza Bawa-Garba.

Much of the concern and outrage after the erasure of Dr Hadiza Bawa-Garba from the medical register and the GMC's appeal to the High Court has centred around whether her reflections were used in court. I was one of the 'sources' for the initial story in the *BMJ* (and subsequently the Times and the Daily Mail) I had legally obtained a copy of the Training Encounter form and an unredacted copy of the serious untoward incident (SUI) form. I was disturbed how a trainee's 'reflection' had been obtained in a completely unsuitable environment – a hospital canteen – the notes written up by a consultant (who ended up being a prosecution witness) and then fed into the hospital investigation into the tragic death of Jack Adcock.

Thus although the jury may not have seen the trainee reflection, it certainly was available to the prosecution QC to assist his cross-examination, as has been confirmed by a witness who was at the trial, Dr Jonathan Cusack. Yet the SUI was not shown to the jury, as this happened after Jack Adcock's death, even though it concluded 'it has not been possible to identify a single root cause due to the

Details

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Commentary

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For patients to be safe, we need doctors to be able to reflect completely openly and freely about what they have done, to learn from mistakes, to spread best practice around the system, to talk openly with their colleagues. I want to make sure doctors are able to do that'

Jeremy Hunt, *Today*, Radio 4, 26th January 2018

The Gold Guide: A Reference Guide for Postgraduate Specialty Training in the UK (7th Edition), January 2018

Written reflection in the Educational Review is used to help trainees develop **'the skills of self-reflection and self-appraisal that will be needed throughout a professional career'** (p. 48).

The case of Hadiza Bawa-Garba v GMC

Written on 29 March 2018.

misses by way of reflective practice. Clearly, if such reflection may be used against an individual composing a frank and honest record, it is unlikely that such detailed reflection will ever be carried out. By using reflective practice in a punitive way, it will make doctors more defensive and less inclined to admit to, and perhaps learn from, their mistakes.

What can be done? Here are some practical suggestions:

Trainees

- If you feel exposed by the level of staffing, availability of support, IT functionality or other systemic issues, you should immediately make that known to the consultant in charge.
- Please be aware of any additional relevant local reporting mechanisms that may apply and make sure you have the relevant contact details to hand.
- In as much as is possible, compose a careful and balanced written account of the risks in the situation and report that to senior clinicians and management.
- Consider reporting the concern directly to the College – specifically to the office of the President. Some doctors may be reluctant to directly involve their consultant in case this implies that they are unable to cope. The College is independent and will endeavour to respond quickly with appropriate suggestions, discussion and advice.
- In the meantime, if you do choose to write a reflective report, ensure that it is fully anonymised. Ensure that ePortfolio reflections contain no patient identifiable information. This will minimise but not eliminate the risk to patient confidentiality. Avoid emotive language, any suggestion of culpability or judgmental statements about any patient or staff who may be involved.
- Seek advice from senior colleagues or defense union representatives in cases considered to be potentially serious.

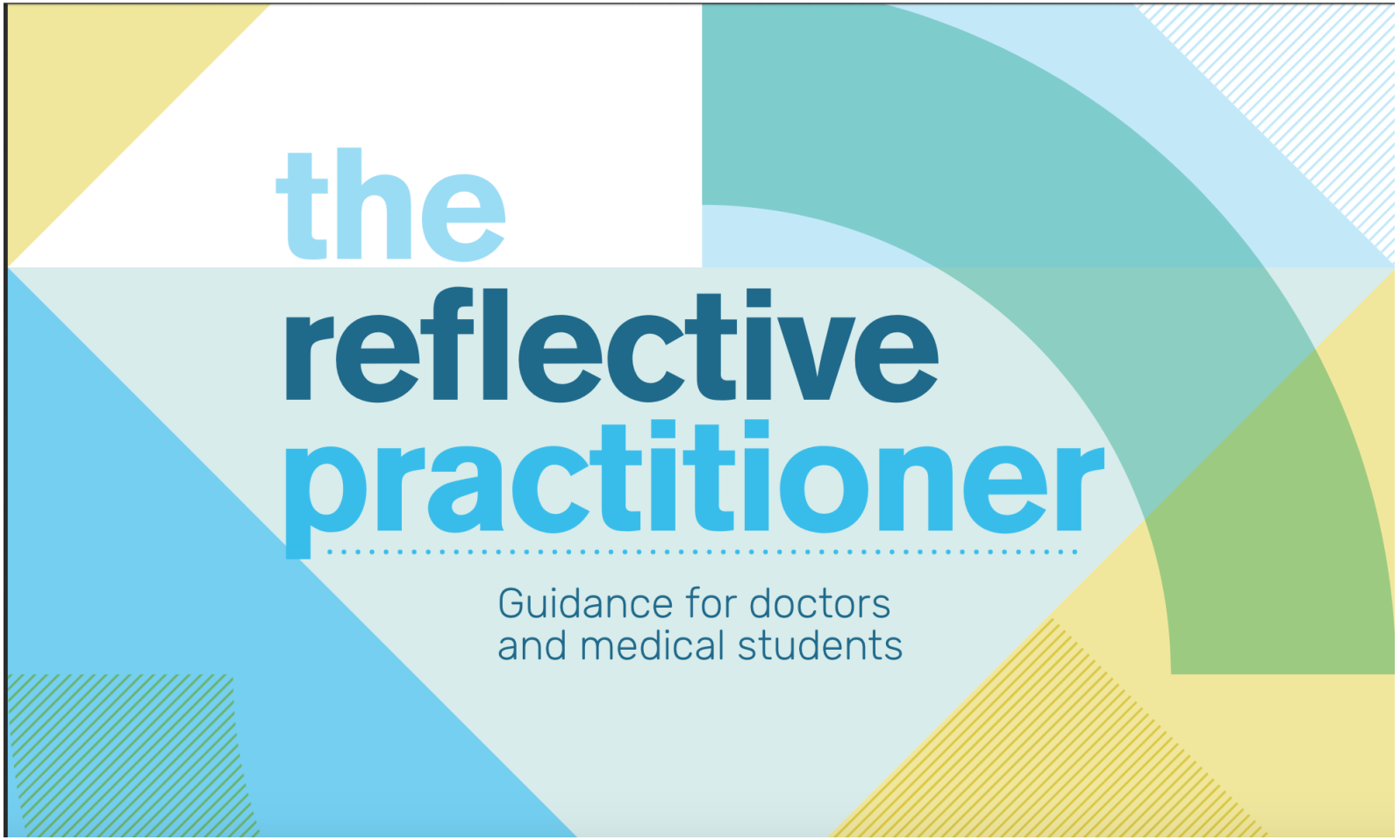
The recent case involving Dr Bawa-Garba, a junior doctor who was convicted of manslaughter by gross negligence in November 2015 and removed from the medical register in January 2018 following a High Court judgement, has led many doctors to feel they are no longer able to reflect honestly, openly and safely, due to fears of recrimination – and resulted in a call for some doctors (GPs) to disengage from written reflections until adequate safeguards are in place. However, Dr Bawa-Garba's medical defence organisation have confirmed that her e-portfolio (or the duty consultant's trainee encounter form) did not form part of the evidence before the court and jury.

The GMC has also confirmed that it will never ask a doctor to provide his or her reflective statement when investigating a concern about them, or ask for this to be provided by Royal Colleges or third parties. Although it is rare and unusual for a court to order the disclosure of this kind of material, in theory they can do so. However, doctors' reflections have often led to the discontinuance of disciplinary and GMC action. They can form an important part of a doctor's defence in fitness to practise hearings and can be used to demonstrate remediation and current safe practice.

All doctors should be aware of existing guidance on reflection. Guidance on entering information on e-portfolios was published by the Academy of Medical Royal Colleges (AoMRC) in November 2016, and additional interim guidance on reflective practice has also been published following the case of Dr Bawa-Garba. This guidance makes clear that any written reflections should be fully anonymised. Further guidance has been produced by the medical defence organisations, including the Medical Defence Union. If you are approached to disclose any appraisal information or training documentation you should seek guidance from your medical defence organisation.

Along with the AoMRC, the Conference of Postgraduate Medical Deans, and the Medical Schools Council, the BMA will be contributing to the development of GMC guidance for all doctors and medical students on how to approach reflective practice. This guidance is due to be published in summer 2018.

GMC ‘The Reflective Practitioner’



Disclosing records to the courts

Recorded reflections, such as in learning portfolios or for revalidation or continuing professional development purposes, are not subject to legal privilege. Disclosure of these documents might be requested by a court if they are considered relevant.

The GMC guidance *Confidentiality: good practice in handling patient information* says that information must be disclosed if it is required by statute, or if ordered to do so by a judge or presiding officer of a court [20].

The guidance explains that, if disclosure of confidential patient information is required by law, '*you should:*

- *satisfy yourself that personal information is needed, and the disclosure is required by law*
- *only disclose information relevant to the request, and only in the way required by the law.*' [21]

Where a disclosure request is received, the owner of the learning portfolio or other reflective note should seek advice from their employer, legal adviser, medical defence organisation or professional association.

‘The act of writing itself creates new and original ideas. By recalling an event, slowing it down in your mind, and anatomising it in writing, you can deepen your understanding of it, and even alter your perception of what happened’

John Launer, ‘What’s the Point of Reflective Writing?’ *Postgraduate Medical Journal* (2015) 91(1076), p. 357.

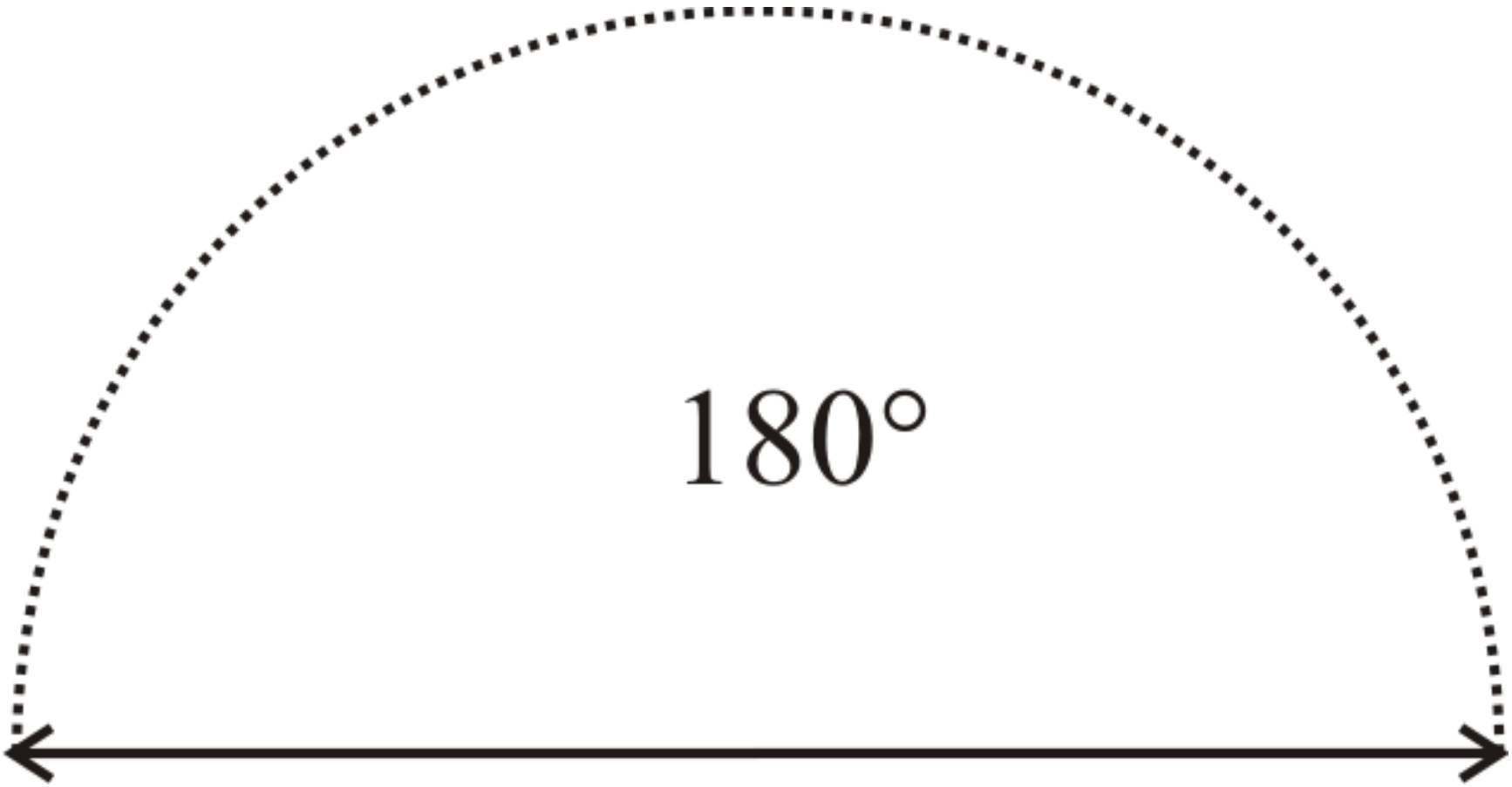
to Reflexivity

To quote feminist geographer Kim V. L. England, reflexivity is:

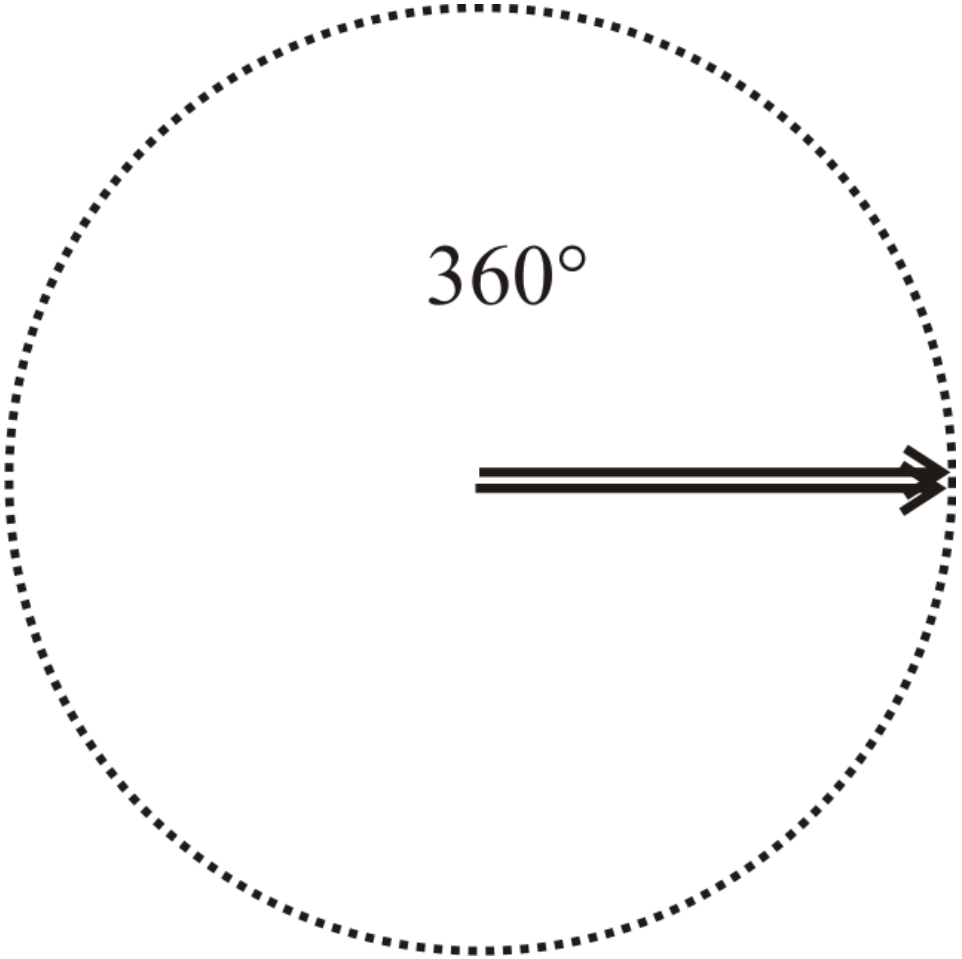
a ‘self-critical sympathetic introspection’ *and* ‘a self-conscious *analytical* scrutiny of the self as researcher’ (p. 244)

Kim England, ‘Getting Personal: Reflexivity, Positionality, and Feminist Research’, *The Professional Geographer*. 46(1), 241-256

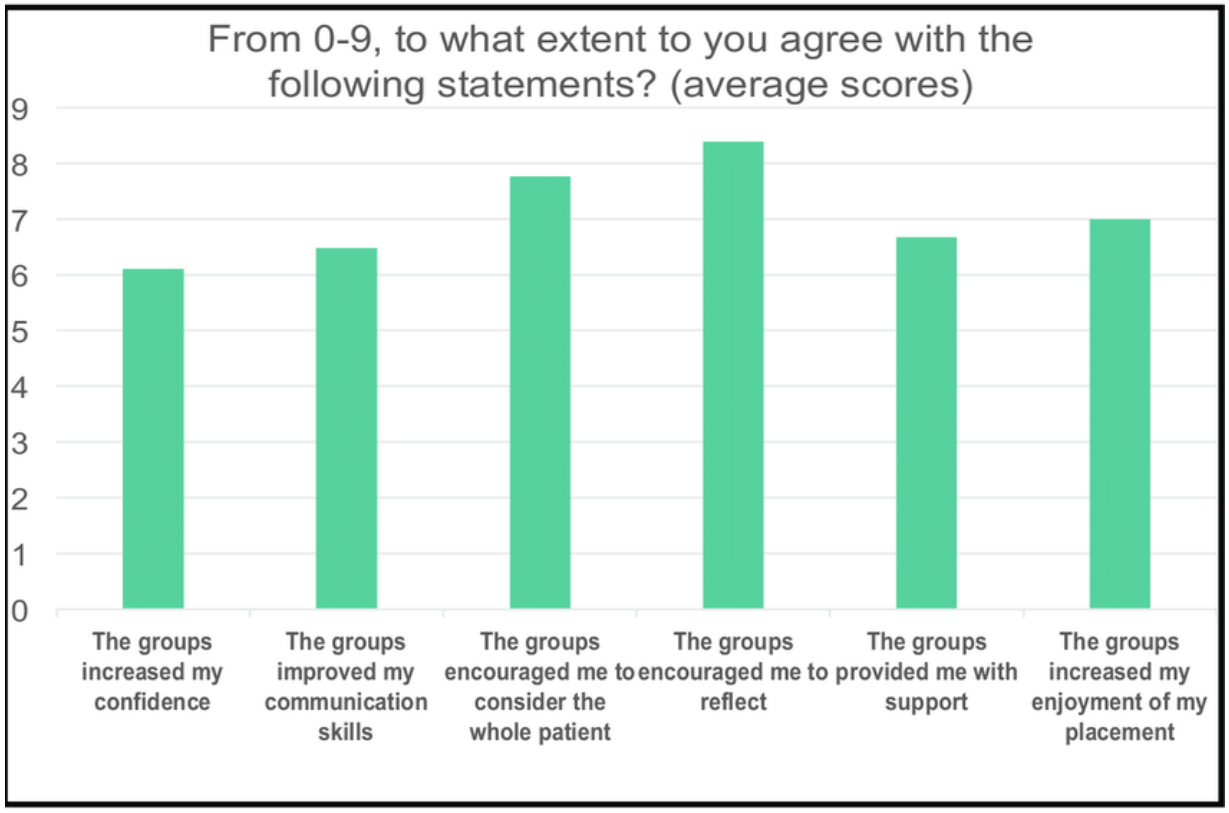
Reflection…



to Reflexivity



Balint Groups
(following the work of Michael Balint)



Discussion

Tom Stockmann, 'Qualitative Analysis of Medical Student Balint Groups during a Psychiatry Placement' *Journal of the Balint Society*, Vol. 43 (Jan 2015), pp. 39-44

From practice, to *praxis* – putting theory into practice to make change

‘Feminism outside of the academic mode has insisted on the crucial need for useful knowledge, theory and research as practice, on committed understanding as a form of praxis (‘understand the world and then change it’)’ (p. 12).

Praxis, rather than practice, requires transformation as a result of critical analysis, producing ‘knowledge […] not simply defined as “knowledge *what*’ but also as “knowledge *for*”’ (p. 15).

Liz Stanley, ‘Feminist praxis and the academic mode of production: an editorial introduction’, in Stanley, ed., *Feminist Praxis: Research, Theory and Epistemology in Feminist Sociology* (Abingdon: Routledge,2013), pp. 3-19.


The Royal Courts of Justice
#LEARNNOTBLAME

‘A just culture seeks to learn from events and apply this learning to bring about change’

Opinion
Doctors

The court of appeal was right to reinstate Dr Hadiza Bawa-Garba

Cicely Cunningham

Tue 14 Aug 2018
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606

The successful appeal of the doctor struck off after a boy’s death is the first step towards a more just culture in the NHS

- Dr Hadiza Bawa-Garba wins appeal against being struck off