

Life In Practice - How To Deal With Difficult Situations



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This discussion workshop will focus on 3 different difficult scenarios that you may face in practice, either as a resident or locum.

Working in practice can be both rewarding and challenging and requires us to be able to adapt to different environments, equipment, patient demographics and referral pathways as well as different people and personalities within the practice team.



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Scenario 1.

You have arrived at work at a new practice with a full clinic already booked.

Most of the patients are over 60 and the only dilation drops available are 2 weeks out of date.

The practice manager informs you that the other resident used them yesterday and had no issues and that another batch are being ordered when the receptionist returns tomorrow.

The clinic is full and the practice manager expects a productive day and is not prepared to reschedule anyone as they have already had to cancel some clinics this week after the resident tested positive for Covid yesterday.

Discussion points:

- **What action would you take with regards to the dilation drops?**
- **How would you raise concerns about clinical practice and patient safety?**
- **Would you feel comfortable knowing that the practice had a positive Covid test the day before?**
- **Should the practice remain open in this situation?**



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Important Points To Consider

GOC Standards for businesses:

1.1.8 is prepared to restrict trading in areas of concern if continuing to do so would adversely affect patient care.

1.1.10 ensures that any operational or commercial targets do not have an adverse effect on patient care.

3.1.3 Makes sure that operational and commercial pressures do not unreasonably inhibit the exercise of professional judgement.

Scenario 2.

You are in practice and see a patient who requires an urgent referral due to a reduction in VAs and loss of Visual field.

There is no gap in the diary to allow for time to phone relevant HES and you already have a patient waiting..

You are working alone with an OA who is new to the business and is unaware of the correct referral process.

Discussion points:

- **What steps do you take to ensure the patient is referred correctly?**
- **How would you handle the situation with the clinic now running late?**
- **Where can you source information about the correct referral pathways?**
- **How would you discuss this situation with the practice owner/manager to prevent this from happening again?**



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Important Points To Consider

GOC Standards for businesses:

3.2.4 prepares new staff to understand how patient care is delivered in your specific business setting.

1.1.10 ensures that any operational or commercial targets do not have an adverse effect on patient care.

1.1.5 makes staff aware that where they have raised concerns which have not been resolved within the business, they may escalate or report these to a higher authority such as a professional regulator and certain aspects of this are protected by law.

Scenario 3.

A patient comes in who is booked for a follow up with another resident but has been booked on the wrong day.

As the patient is unable to rebook they agree to see you. After looking through the record the notes suggest a suspected PVD but px wasn't dilated on the day.

No documented notes about advice given to the px to return if symptoms worsen and from conversation with the patient it seems they were advised to book in for a dilation when they can.

Upon examination you notice that the px has had a retinal detachment and requires an urgent referral. The px is unhappy and wants to formally complain.

Discussion points:

- **What action should be taken now with regards to the patient?**
- **What effect might this have on the patients confidence in the practice?**
- **What effect may this have on your working relationship with the optom?**
- **What steps should be taken with regards to documenting and reporting the error? Should this be escalated?**



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Important Points To Consider

GOC Standards for businesses:

2.1.2 Fulfils its professional, contractual and statutory duties of candour when it is identified that things have gone wrong with a patient's treatment or care which has resulted in them suffering harm or distress, or where there may be implications for future patient care. This includes as a basis the need to:

2.1.2.1 Tell the patient or, where appropriate, the patient's advocate, carer or family, that something has gone wrong;

2.1.2.2 Offer an apology;

2.1.2.3 Offer appropriate remedy or support to put matters right (if possible);

2.1.2.4 Explain fully and promptly what has happened and the likely short-term and long-term effects;

2.1.2.5 Outline what you will do, where possible, to prevent reoccurrence and improve future patient care.

2.3.2 Learns from mistakes made by your organisation and staff and, where it is possible to do so, puts mechanisms in place to prevent reoccurrence.