MS Word version of Form 4A, to be used for Medical Appraisal Scotland training ONLY

This partial Form 4 is based on this simulated appraisal discussion:
https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/significant-event/

This example, much like the simulated video, is not intended as the perfect Form 4 but rather to facilitate learner discussions at the Medical Appraisal Scotland training events.

FORM 4A - SUMMARY OF APPRAISAL DISCUSSION

Summary of Written Supporting Information Presented

DOMAIN 1: Knowledge, skills and development
- *CPD Logs*
- *Quality Improvement Activity*

Discussion:

Dr Michal is a Speciality Registrar in A&E.

Actions/Agreed Outcomes:

DOMAIN 2: Patients, partnership and communication
- *Was a formal PSQ submitted this year?*
- *Complaints / Critical Incidents Statement*

Discussion:

Actions/Agreed Outcomes:

DOMAIN 3: Colleagues, culture and safety
- *Review of Significant Events*
- *Was a formal MSF submitted this year?*
- *Health Statement*

Discussion:

Review of Significant events:

Dr Michal had submitted a SEA for this appraisal. This related to an event a few months ago when a walk-in patient was seated in reception in front of the Admissions Unit. This patient collapsed after 2 to 3 hours of sitting waiting. Dr Michal stated that the patient had been taken to the resus room and had recovered quite well, but the incident had led to discussion between the doctors, nurses and bleep holders.

He said that the team had agreed that the situation was unsafe, and they decided to try a triage system at reception with the nurses involving NEWS scores. He said that any concerns at this stage would be referred to the receiving team. Dr Michal stated that he felt that it had helped patient safety and also helped to improve team morale especially within the administrative nursing team.

We explored the process of looking at the event and whether it was focused on the patient flow or on the event itself. Dr Michal stated that the medical team tries to focus on the assessment of the patient and not on the patient flow. He stated that patient flow problems cause the team to become anxious and demoralised and that they had felt uncomfortable about the patient sitting in reception for a long time.

Dr Michal commented that they had all predicted that something significant would happen given this situation - in this case a collapse - but felt that the incident had had a positive effect of changing the system. He said they were still auditing the process to see if further changes were necessary.

Regarding how this information was disseminated, he said that it was spread through a global email, and although it wasn't incorporated into a formal SOP, it was added to the protocol for the Admissions Unit. He said that the junior doctors were also made aware of these guidelines.

Dr Michal stated that he expected to have no patients waiting in a reception area but reflected that it was now the new norm. He said pragmatically that patients should not decompensate without the doctors being made aware of it. We talked briefly about the utility of NEWS scores.

Actions/Agreed Outcomes:

Dr Michal said that the new triage system was discussed and reviewed in the monthly senior staff meetings and was now a mandatory agenda item.

DOMAIN 4: Trust and professionalism

- *Probity Statement*

Discussion:

Actions/Agreed Outcomes: