

## IP ICM-1 Primary care. Driving: individual right or societal risk?

### IP ICM-1 GP

1. Read the case study
2. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
3. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
4. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
5. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

Read the case study:

Dr Brian Doran is a 68 year old GP who has worked with the same medical practice in a small town for 30 years. He and his wife actively support many clubs and societies in the area. He has often been quoted in local newspapers saying 'that engagement in hobbies and sports brings important health benefits'. Mr John Lawlor, an 85 year old widower who lives alone a short distance from a nearby village, requires his signature on a driving licence application form.

John is well known to him since John and his wife moved to the area 25 years ago. John and Dr Doran are both active members of the local choir and sometimes socialise together at other events. Dr Doran knows that John's independence is important to him – and believes that he could, if deprived of his car, become very isolated. John's two sons live abroad and generally visit once a year.

As required by 'standard operating procedures' in these situations, Dr Doran sends Mr Lawlor for an assessment with the occupational therapist, Carol Bergin. Anticipating that Mr Lawlor's assessment report will be returned promptly by Ms Bergin, Dr Doran signs the form and leaves it in Mr Lawlor's file.

Dr Doran answers the phone to Carol (the Occupational Therapist) who says that she arranged for the social worker, Jan, to visit John and Jan noticed the signed approval letter at John's house. Carol asks why Dr Doran signed an approval letter for Mr. Lawlor's driving licence application when her report clearly identified that Mr Lawlor is not competent to drive safely.

If you were Dr Doran, how would you proceed?

### For your own records:

#### Individual Choices:

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3)**  
;

**Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3)**  
;

## IP ICM-1 Primary care. Driving: individual right or societal risk?

IP ICM-1 GP

Voiceover script for video:

1. Dr Brian Doran is a 68 year old GP who has worked with the same medical practice in a small town for 30 years.
2. He and his wife actively support many clubs and societies in the area. He has often been quoted in local newspapers saying '*that engagement in hobbies and sports brings important health benefits*'.
3. Mr John Lawlor, an 85 year old widower who lives alone a short distance from a nearby village, requires his signature on a driving licence application form.
4. John is well known to him since John and his wife moved to the area 25 years ago. John and Dr Doran are both active members of the local choir and sometimes socialise together at other events. Dr Doran knows that John's independence is important to him – and believes that he could, if deprived of his car, become very isolated. John's two sons live abroad and generally visit once a year.
5. As required by 'standard operating procedures' in these situations, Dr Doran sends Mr Lawlor for an assessment with the occupational therapist, Carol Bergin.
6. Anticipating that Mr Lawlor's assessment report will be returned promptly by Ms Bergin, Dr Doran signs the form and leaves it in Mr Lawlor's file.
7. Dr Doran answers the phone to Carol (the Occupational Therapist) ... who says that she arranged for the social worker, Jan, to visit John and Jan noticed the signed approval letter at John's house ...
8. Carol asks why Dr Doran signed an approval letter for Mr. Lawlor's driving licence application when her report clearly identified that Mr Lawlor is not competent to drive safely.
9. If you were Dr Doran, how would you proceed?

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : Tell Carol that her reports are for recommendation purposes, and that you make your final decision based on a more holistic review of the applicant’s circumstances when deciding whether or not an approval letter should be signed.
- b. **HD D Q ND** : Phone Jan Daly (Social Worker) to question why she shared Mr Lawlor’s private information with Carol, the Occupational Therapist.
- c. **HD D Q ND** : Report Carol’s unprofessional behaviour to the Health and Social Care Professionals Council (CORU), the regulatory body governing Occupational Therapists.
- d. **HD D Q ND** : Phone Mr Lawlor to ask him to visit the surgery at his convenience – in order to discuss his level of comfort when driving,
- e. **HD D Q ND** : Report Jan’s breach of patient privacy to the Health and Social Care Professionals Council (CORU), the regulatory body governing Social Workers.
- f. **HD D Q ND** : Clarify that you do not recall having seen Carol’s report and you are surprised to hear that she disapproves of Mr Lawlor being approved for a driving licence.
- g. **HD D Q ND** : Ask Carol to arrange to visit the surgery to explain her opinion that Mr Lawlor would be a safety risk on the roads around his local village.
- h. **HD D Q ND** : Tell Carol that she should phone again when she has calmed down and refuse to discuss the matter further at this time.
- i. **HD D Q ND** : Phone Mr Lawlor’s sons to recommend that they consider removing the car from Mr Lawlor.
- j. **HD D Q ND** : Reply that you believe Mr Lawlor should be permitted to drive the short distances required to maintain his independence and his active involvement in the local community.
- k. **HD D Q ND** : Tell Carol that she should make an appointment with your secretary in order that you can both review Mr Lawlor’s file – but that your approval letter stands in the meantime.
- l. **HD D Q ND** : Ask Carol to actively encourage Mr Lawlor to return to the surgery regarding the approval letter.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

*Pick the 3 least preferred action options:*

- **Most Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_
- **Third Most Preferred Option** \_\_\_\_\_

- **Least Preferred Option** \_\_\_\_\_
- **Second Least Preferred Option** \_\_\_\_\_
- **Third Least Preferred Option** \_\_\_\_\_

**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great                      M = Much                      S = Some                      L = Little                      N = No**

- a. **G M S L N** : The patient doesn't appear to understand the gravity of the situation he faces or the safety implications, for himself and other road users, if he insists on continuing to drive.
- b. **G M S L N** : An Occupational Therapist (OT) is the most qualified to assess an individual's capacity to drive, and the OT's recommendation should be followed when determining whether or not it is appropriate to issue an approval letter for a driving licence.
- c. **G M S L N** : Challenging a General Practitioner's decision in this type of scenario would cause interprofessional conflict, and other members of the primary care team would not look favourably on an individual that creates conflict in this manner.
- d. **G M S L N** : A healthcare professional's duty to help facilitate independent living, when family support and available services are limited, must take a broad-minded view.
- e. **G M S L N** : There is a wide range of supports that a healthcare professional could help a patient access in order to ameliorate the risk of isolation when without the freedom to drive the car.
- f. **G M S L N** : The Occupational Therapist in this scenario, being a recent immigrant from Singapore, would not understand the cultural implications of being deprived of one's driving licence in rural Ireland.
- g. **G M S L N** : Signing such application forms inappropriately is a misuse of professional status.
- h. **G M S L N** : The local community will not approve of healthcare professionals failing to address the road safety issue associated with the approval of driving licenses for those that have been assessed as not competent to drive.
- i. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the local community think that you would deprive an old man of the freedom to drive the short distance to take part in community life.
- j. **G M S L N** : A General Practitioner is in the best position to make a determination on whether or not access to a driving licence creates a road safety hazard and he/she should not be questioned regarding such decisions.
- k. **G M S L N** : It is better to give up a little professional rigour than have other professionals think you are overstepping your authority.
- l. **G M S L N** : A healthcare professional's core responsibility is his/her duty of care to the patient – and this patient's mental health would be compromised if he did not have access to a car.

***From the list (a) to (l) above, pick the three most and the three least preferred justification options:***

***Pick the 3 most preferred justification options: Pick the 3 least preferred justification options:***

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |

## IP ICM-1 Primary Care. Driving: individual right or societal risk

### IP ICM-1 OT

1. Read the case study.
2. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
3. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
4. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
5. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

#### Read the case study:

Carol Bergin is a qualified Occupational Therapist (OT), who recently returned from Singapore – where her family moved when she was 7 years old. She first completed a two year MSc in Occupational Therapy at a Dublin University, and then, 6 months ago, she began work with the primary care team close to where she lives.

Carol completed an assessment related to Mr John Lawlor's driving licence a month ago. As a result of that assessment Carol recommended that Mr Lawlor should not be approved for a driving licence as there were clear indicators that he would not be competent to drive. She sent the report to Dr Brian Doran – who has been Mr Lawlor's GP since Mr Lawlor and his wife moved to the area 25 years ago. Mr Lawlor told Carol that he socialises with Dr Doran and his wife.

In the course of her work, Dr Doran phoned Carol on two occasions – to ask her to clarify the reasons underpinning some of her recommendations. Both phone-calls were professionally handled and there was no requirement, on either occasion, to change her report. She anticipates that Dr Doran may phone to discuss the report regarding Mr. Lawlor.

Carol is aware that Mr Lawlor, an 85 year old widower, lives alone, a short distance from the village, and that his independence is important to him. His two sons live abroad and generally visit once a year. Carol encouraged Mr Lawlor to investigate what supports might be available to him and supported his application to have the Social Worker, Jan Daly, visit him.

Carol answers the phone to the Social Worker Jan Daly who says that Dr Doran has provided Mr. Lawlor with the letter of approval for his driving licence application.

If you were Carol, how would you proceed?

#### For your own records:

##### Individual Choices:

Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3)  
;

Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3)  
;

## **IP ICM-1 Primary Care. Driving: individual right or societal risk**

IP ICM-1 OT

### **Voiceover script for video:**

1. Carol Bergin is a qualified occupational Therapist (OT), who recently returned from Singapore – where her family moved when she was 7 years old.
2. She first completed a two year MSc in Occupational Therapy at a Dublin University, and then, 6 months ago, she began work with the primary care team close to where she lives.
3. Carol completed an assessment related to Mr John Lawlor’s driving licence a month ago.
4. As a result of that assessment Carol recommended that Mr Lawlor should not be approved for a driving licence as there were clear indicators that he would not be competent to drive. She sent the report to Dr Brian Doran – who has been Mr Lawlor’s GP since Mr Lawlor and his wife moved to the area 25 years ago. Mr Lawlor told Carol that he socialises with Dr Doran and his wife.
5. In the course of her work, Dr Doran phoned Carol on two occasions – to ask her to clarify the reasons underpinning some of her recommendations. Both phone-calls were professionally handled and there was no requirement, on either occasion, to change her report. She anticipates that Dr Doran may phone to discuss the report regarding Mr. Lawlor.
6. Carol is aware that Mr Lawlor, an 85 year old widower, lives alone, a short distance from the village, and that his independence is important to him. His two sons live abroad and generally visit once a year.
7. Carol encouraged Mr Lawlor to investigate what supports might be available to him and supported his application to have the social worker, Jan Daly, visit him.
8. Carol answers the phone to the Social Worker Jan Daly who says that Dr Doran has provided Mr. Lawlor with the letter of approval for his driving licence application.
9. If you were Carol, how would you proceed?

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible

- a. HD D Q ND : Respect Dr Doran’s authority to sign the approval letter and encourage Jan to provide support to Mr Lawlor according to standard guidelines.
- b. HD D Q ND : Phone Dr Doran to question why he issued the approval letter when your report clearly identified that Mr Lawlor is not competent to drive and you therefore have a professional responsibility to ensure Mr Lawlor does not get a driving licence.
- c. HD D Q ND : Report Dr Doran’s behaviour to the Irish Medical Council.
- d. HD D Q ND : Phone the Geriatrician in charge of your multidisciplinary team to report your findings, and ask how you should proceed.
- e. HD D Q ND : Phone the Administrative Manager at your office to ask how you should proceed.
- f. HD D Q ND : Recommend to Jan that she put the approval letter in her bag without telling Mr Lawlor in the knowledge that Mr Lawlor cannot get a driving licence without it.
- g. HD D Q ND : Recommend to Jan that she tell Mr Lawlor that it is not safe for him to drive and to take the approval letter away with her.
- h. HD D Q ND : Phone the Health and Social Care Professionals Council (CORU), the regulatory body governing Occupational Therapists, and ask for advice on what you should do next.
- i. HD D Q ND : Phone Mr Lawlor’s sons to recommend that they consider removing the car from Mr Lawlor.
- j. HD D Q ND : Ask Jan to emphasise to Mr Lawlor that he has been assessed as unfit to drive, so should use the car only for essential journeys and for short distances.
- k. HD D Q ND : Report Dr Doran’s unprofessional behaviour to the Road Safety Authority.
- l. HD D Q ND : Ask Jan to actively encourage Mr Lawlor to return to Dr Doran regarding the application, and to offer to phone him for Mr Lawlor.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

- Most Preferred Option \_\_\_\_\_
- Second Most Preferred Option \_\_\_\_\_
- Third Most Preferred Option \_\_\_\_\_

*Pick the 3 least preferred action options:*

- Least Preferred Option \_\_\_\_\_
- Second Least Preferred Option \_\_\_\_\_
- Third Least Preferred Option \_\_\_\_\_

**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great**

**M = Much**

**S = Some**

**L = Little**

**N = No**

- a. **G M S L N** : The patient doesn't appear to understand the gravity of the situation he faces or the safety implications, for himself and other road users, if he insists on continuing to drive.
- b. **G M S L N** : An Occupational Therapist (OT) is the most qualified to assess an individual's capacity to drive, and the OT's recommendation should be followed when determining whether or not it is appropriate to issue an approval letter for a driving licence.
- c. **G M S L N** : Challenging a General Practitioner's decision in this type of scenario would cause interprofessional conflict, and other members of the primary care team would not look favourably on an individual that creates conflict in this manner.
- d. **G M S L N** : A healthcare professional's duty to help facilitate independent living, when family support and available services are limited, must take a broad-minded view.
- e. **G M S L N** : There is a wide range of supports that a healthcare professional could help a patient access in order to ameliorate the risk of isolation when without the freedom to drive the car.
- f. **G M S L N** : The Occupational Therapist in this scenario, being a recent immigrant from Singapore, would not understand the cultural implications of being deprived of one's driving licence in rural Ireland.
- g. **G M S L N** : Signing such application forms inappropriately is a misuse of professional status.
- h. **G M S L N** : The local community will not approve of healthcare professionals failing to address the road safety issue associated with the approval of driving licenses for those that have been assessed as not competent to drive.
- i. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the local community think that you would deprive an old man of the freedom to drive the short distance to take part in community life.
- j. **G M S L N** : A General Practitioner is in the best position to make a determination on whether or not access to a driving licence creates a road safety hazard and he/she should not be questioned regarding such decisions.
- k. **G M S L N** : It is better to give up a little professional rigour than have other professionals think you are overstepping your authority.
- l. **G M S L N** : A healthcare professional's core responsibility is his/her duty of care to the patient – and this patient's mental health would be compromised if he did not have access to a car.

***From the list (a) to (l) above, pick the three most and the three least preferred justification options:***

***Pick the 3 most preferred justification options: Pick the 3 least preferred justification options:***

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |



**IP ICM-1 Primary care. Driving: individual right or societal risk?**

IP ICM-1 SW

1. Read the case study
2. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
3. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
4. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
5. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

**Read the case study:**

Jan Daly is a Social Worker (SW) responsible for an extensive rural area. She recently received a request from the Occupational Therapist, Carol Bergin, to visit Mr John Lawlor. Carol's request identifies that that Mr Lawlor, an 85 year old widower, lives alone a short distance from a small village, and that his independence is important to him. His two sons live abroad and generally visit once a year.

Carol's recently completed assessment recommended that Mr Lawlor should not be approved for a driving licence as there were clear indicators that he would not be competent to drive. A copy of the assessment was forwarded to Jan, and Carol confirmed that the assessment had also been sent to the GP, Dr Doran. She asked that Jan would help Mr Lawlor investigate what supports might be available to him.

Jan visits Mr Lawlor to discuss what supports might be available to him. She notices the driving licence 'letter of approval', signed by Dr Doran, on the table.

If you were Jan, how would you proceed?

**For your own records:**

**Individual Choices:**

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3) ;**

**Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3) ;**

## IP ICM-1 Primary care. Driving: individual right or societal risk?

IP ICM-1 SW

### Voiceover script for video:

1. Jan Daly is a social worker (SW) responsible for an extensive rural area.
2. She recently received a request from the occupational therapist, Carol Bergin, to visit Mr John Lawlor.
3. Carol's request identifies that that Mr Lawlor, an 85 year old widower, lives alone a short distance from a small village, and that his independence is important to him. His two sons live abroad and generally visit once a year.
4. Carol's recently completed assessment recommended that Mr Lawlor should not be approved for a driving licence as there were clear indicators that he would not be competent to drive.
5. A copy of the assessment was forwarded to Jan, and Carol confirmed that the assessment had also been sent to the GP, Dr Doran.
6. She asked that Jan would help Mr Lawlor investigate what supports might be available to him.
7. Jan visits John Lawlor to discuss what supports might be available to him.
8. She notices the driving licence 'letter of approval', signed by Dr Doran, on the table.
9. If you were Jan, how would you proceed?

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible

- a. **HD D Q ND** : Respect Dr Doran’s authority to sign the approval letter and provide support to Mr Lawlor according to standard guidelines.
- b. **HD D Q ND** : Highlight to Mr Lawlor that the Occupational Therapist has recommended that he is not competent to drive and you therefore have a professional responsibility to return the approval letter to Dr Doran.
- c. **HD D Q ND** : Report Dr Doran’s behaviour to the Irish Medical Council.
- d. **HD D Q ND** : Phone the Geriatrician in charge of your multidisciplinary team to report your findings, and ask how you should proceed.
- e. **HD D Q ND** : Phone the Administrative Manager at your office to ask how you should proceed.
- f. **HD D Q ND** : Put the approval letter in your bag without telling Mr Lawlor in the knowledge that Mr Lawlor cannot get a driving licence without it.
- g. **HD D Q ND** : Tell Mr Lawlor that it is not safe for him to drive and take the approval letter away with you.
- h. **HD D Q ND** : Phone the Occupational Therapist to say you have found the approval letter for Mr Doran’s driving licence when visiting his home and ask for advice on what you should do next.
- i. **HD D Q ND** : Phone Mr Lawlor’s sons to recommend that they consider removing the car from Mr Lawlor.
- j. **HD D Q ND** : Emphasise to Mr Lawlor that he has been assessed as unfit to drive, so should use the car only for essential journeys and for short distances.
- k. **HD D Q ND** : Phone Dr Doran to say you have seen the signed letter and that you know from the Occupational Therapist’s report that Mr Lawlor really is not competent to drive so to leave the approval letter with Mr Lawlor could put him and/ or the public at grave risk.
- l. **HD D Q ND** : Actively encourage Mr Lawlor to return to Dr Doran regarding the application, and offer to phone him for Mr Lawlor.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

*Pick the 3 least preferred action options:*

- **Most Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_
- **Third Most Preferred Option** \_\_\_\_\_

- Least Preferred Option** \_\_\_\_\_
- Second Least Preferred Option** \_\_\_\_\_
- Third Least Preferred Option** \_\_\_\_\_

**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great                      M = Much                      S = Some                      L = Little                      N = No**

- a. **G M S L N** : The patient doesn't appear to understand the gravity of the situation he faces or the safety implications, for himself and other road users, if he insists on continuing to drive.
- b. **G M S L N** : An Occupational Therapist (OT) is the most qualified to assess an individual's capacity to drive, and the OT's recommendation should be followed when determining whether or not it is appropriate to issue an approval letter for a driving licence.
- c. **G M S L N** : Challenging a General Practitioner's decision in this type of scenario would cause interprofessional conflict, and other members of the primary care team would not look favourably on an individual that creates conflict in this manner.
- d. **G M S L N** : A healthcare professional's duty to help facilitate independent living, when family support and available services are limited, must take a broad-minded view.
- e. **G M S L N** : There is a wide range of supports that a healthcare professional could help a patient access in order to ameliorate the risk of isolation when without the freedom to drive the car.
- f. **G M S L N** : The Occupational Therapist in this scenario, being a recent immigrant from Singapore, would not understand the cultural implications of being deprived of one's driving licence in rural Ireland.
- g. **G M S L N** : Signing such application forms inappropriately is a misuse of professional status.
- h. **G M S L N** : The local community will not approve of healthcare professionals failing to address the road safety issue associated with the approval of driving licenses for those that have been assessed as not competent to drive.
- i. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the local community think that you would deprive an old man of the freedom to drive the short distance to take part in community life.
- j. **G M S L N** : A General Practitioner is in the best position to make a determination on whether or not access to a driving licence creates a road safety hazard and he/she should not be questioned regarding such decisions.
- k. **G M S L N** : It is better to give up a little professional rigour than have other professionals think you are overstepping your authority.
- l. **G M S L N** : A healthcare professional's core responsibility is his/her duty of care to the patient – and this patient's mental health would be compromised if he did not have access to a car.

**From the list (a) to (l) above, pick the three most and the three least preferred justification options:**

**Pick the 3 most preferred justification options:**

**Pick the 3 least preferred justification options:**

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |

## IP ICM-2 Nursing Home. Community safety or chemical restraint?

IP ICM-2 SLT

1. Read the case study.
2. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
3. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
4. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
5. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

### Read the case study:

Jane Ryan PhD is 35 year old Speech & Language Therapist (SLT) who specialises in swallowing disorders. She and her family moved to the area 5 years ago to be near her parents. She was relieved to get consultancy work with the nearby nursing home. She has provided a service to the nursing home, on a private basis for the last 5 years. She personally visits the home once a month both to provide professional assistance to the staff, and to give a monthly half-hour 'continuing education' presentation on a pre-agreed topic.

John Daly, the permanent Staff Nurse of the male wing phones Jane regarding the topic for the next professional presentation. Jane has known John for many years as he is a regular attendee at the 'continuing education' presentations. John says that the new owner of the nursing home has advised that he and the other staff would benefit from training on how to crush tablets and in what foods to mix such crushed tablets. John requests that Jane address these issues at her next visit.

If you were Jane, how would you proceed?

### For your own records:

#### Individual Choices:

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3)**  
;

**Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3)**  
;

## IP ICM-2 Nursing Home. Community safety or chemical restraint?

IP ICM-2 SLT

### Voiceover script for video:

1. Jane Ryan PhD is 35 year old Speech & Language Therapist (SLT) who specialises in swallowing disorders. She and her family moved to the area 5 years ago to be near her parents.
2. She was relieved to get consultancy work with the nearby nursing home. She has provided a service to the nursing home, on a private basis for the last 5 years.
3. She personally visits the home once a month both to provide professional assistance to the staff,
4. ... and to give a monthly half-hour 'continuing education' presentation on a pre-agreed topic.
5. John Daly, the permanent staff nurse of the male wing phones Jane regarding the topic for the next professional presentation. Jane has known John for many years as he is a regular attendee at the 'continuing education' presentations. John says that the new owner of the nursing home has advised that he and the other staff would benefit from training on how to crush tablets and in what foods to mix such crushed tablets. John requests that Jane address these issues at her next visit.
6. If you were Jane, how would you proceed?

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible

- a. HD D Q ND : Phone your own statutory body for advice (the Health and Social Care Professionals Council (CORU)).
- b. HD D Q ND : Tell John that you will phone the owner to discuss the background to this request before making a decision as to whether or not to address the topic.
- c. HD D Q ND : Contact the Nursing and Midwifery Board of Ireland (NMBI) about John's behaviour
- d. HD D Q ND : Refuse to engage in further discussion with John as you know that covert administration of medicines is a criminal offence and could lead to a charge of professional misconduct.
- e. HD D Q ND : Tell John you will address the topic at the next education session and phone the Pharmacist (Harvey) to discuss your concerns about John's motives.
- f. HD D Q ND : Ask John to identify which patients need 'tablets crushed' and arrange the date on which to deliver the presentation.
- g. HD D Q ND : Tell John that this is a complex issue and the decision to crush tablets needs to be taken on an individual basis on the recommendation of the multidisciplinary team so you cannot address this topic until after the next team meeting in a couple of months' time.
- h. HD D Q ND : Tell John that before you can deliver this presentation, the staff will have to sign a document to say that they understand that the patient must consent to receiving crushed tablets.
- i. HD D Q ND : Ask John to identify which medicines will need to be crushed and arrange the date on which to deliver the presentation.
- j. HD D Q ND : Do the presentation in a manner that addresses the various formulation, prescription writing, ethical and legal issues that can arise when healthcare professionals mix medicines in food.
- k. HD D Q ND : Report the nursing home owner to the Health Information and Quality Authority (HIQA), the statutory Body with responsibility for inspecting nursing homes.
- l. HD D Q ND : Phone the GP aligned with the nursing home to say you are concerned about the motives of the new owner of the nursing home.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

- Most Preferred Option \_\_\_\_\_
- Second Most Preferred Option \_\_\_\_\_
- Third Most Preferred Option \_\_\_\_\_

*Pick the 3 least preferred action options:*

- Least Preferred Option \_\_\_\_\_
- Second Least Preferred Option \_\_\_\_\_
- Third Least Preferred Option \_\_\_\_\_

**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great                      M = Much                      S = Some                      L = Little                      N = No**

- a. **G M S L N** : Where a nursing home owner is not a registered healthcare professional, he/she should not be involved in decisions regarding patient care.
- b. **G M S L N** : Arrangement of multidisciplinary team meetings to address such issues is the responsibility of the General Practitioner (GP) assigned to the nursing home.
- c. **G M S L N** : Provided that continuing education presentations provide factually accurate information, what individual healthcare professionals do with that information is a matter for their professional judgement.
- d. **G M S L N** : Professional colleagues will not approve of him/her antagonising the new owner by failing to accommodate this request.
- e. **G M S L N** : As the GP signs prescriptions, decisions related to medicines usage are his/her responsibility.
- f. **G M S L N** : The patient's right to decide what will happen to his/her body needs to be respected when healthcare professionals assert professional judgment.
- g. **G M S L N** : It is not appropriate for an employee or consultant to a nursing home to interfere in the day-to-day running of the nursing home.
- h. **G M S L N** : The nursing home owner doesn't appear to understand the potential seriousness of a charge of covert administration of medicines.
- i. **G M S L N** : The patient's right to accept or refuse a healthcare intervention has the potential to be compromised in this case, and it is the professional duty of the healthcare professional administering the medicine to restore this right.
- j. **G M S L N** : The practice of healthcare professionals subordinating their decision-making to demands of non-healthcare professional employers in matters related to the supply of medicines should be resisted.
- k. **G M S L N** : It's better to do as the owner asks, rather than risk the likelihood that some employees working for the nursing home would lose their jobs.
- l. **G M S L N** : The healthcare professional-patient relationship must be founded on the principles of trust and respect for autonomy.

***From the list (a) to (l) above, pick the three most and the three least preferred justification options:***

***Pick the 3 most preferred justification options:***

***Pick the 3 least preferred justification options:***

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |



## IP ICM-2 Nursing Home. Community safety or chemical restraint?

IP ICM-2 Nurse

1. Read the case study.
2. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
3. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
4. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
5. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

### Read the case study:

John Daly is a 30 year old Staff Nurse (SN) in the male wing of a 50 bed nursing home located about 5 miles from Tralee, a large provincial town. John grew up in the area and recently married a local girl. He was relieved to get a staff position working the dayshift in the male wing of the nursing home. He regularly attends the 'continuing education' presentations given by the Pharmacist and the Clinical Speech & Language Therapist (SLT) that supply services to the nursing home.

The owner of the nursing home, who has recently acquired the facility, phones John regarding the topic for the next professional presentation. The owner says the staff would benefit from training on how to crush tablets and in what foods to mix such crushed tablets. She requests that John ask the pharmacist or CSLT to address these issues at the next 'continuing education' presentation.

When John asks why this topic is being prioritised, the nursing home owner comments on the difficulty they are having with some residents regarding their disruptive behaviour at night. 'You know that we are trying hard to avoid raising fees for residents while maintaining all the staff we have. The staff working the night shift are having difficulty coping when residents are up and about at night disturbing other residents. Please arrange the 'continuing education' presentation' so that we can explore all our options.'

If you were John, how would you proceed?

### For your own records:

#### Individual Choices:

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3)**  
;

**Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3)**  
;

## IP ICM-2 Nursing Home. Community safety or chemical restraint?

IP ICM-2 Nurse

### Voiceover script for video:

1. John Daly is a 30 year old staff nurse (SN) in the male wing of a 50 bed nursing home located about 5 miles from Tralee, a large provincial town. John grew up in the area and recently married a local girl.
2. He was relieved to get a staff position working the dayshift in the male wing of the nursing home.
3. He regularly attends the 'continuing education' presentations given by the pharmacist and the Speech & Language Therapist (SLT) that supply services to the nursing home.
4. The owner of the nursing home, who has recently acquired the facility, phones John regarding the topic for the next professional presentation. The owner says the staff would benefit from training on how to crush tablets and in what foods to mix such crushed tablets. She requests that John ask the pharmacist or speech & Language therapist to address these issues at the next 'continuing education' presentation.
5. When John asks why this topic is being prioritised, the nursing home owner comments on the difficulty they are having with some residents regarding their disruptive behaviour at night. 'You know that we are trying hard to avoid raising fees for residents while maintain all the staff we have. The staff working the night shift are having difficulty coping when residents are up and about at night disturbing other residents. Please arrange the 'continuing education' presentation' so that we can explore all our options'.
6. If you were John, how would you proceed?

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible

- a. **HD D Q ND** : Phone your own statutory body for advice (the Nursing and Midwifery Board of Ireland (NMBI)).
- b. **HD D Q ND** : Tell the nursing home owner that that staff already know how to crush tablets but you want to phone the Speech & Language Therapist (SLT) to discuss the background to this request before making a decision as to whether or not to address the topic.
- c. **HD D Q ND** : Refuse to engage in further discussion with the nursing home owner as you know that covert administration of medicines is a criminal offence and could lead to a charge of professional misconduct and/ or a prison sentence.
- d. **HD D Q ND** : Tell the nursing home owner that this is a multidisciplinary issue and she will have to phone the Speech & Language Therapist herself with that request.
- e. **HD D Q ND** : Tell the nursing home owner that the nursing home has a standard operating procedure for crushing tablets, which is based on the premise that the GP (General Practitioner) has written an appropriate prescription.
- f. **HD D Q ND** : Tell the nursing home owner that the nursing home has a standard operating procedure for crushing tablets, which is based on the premise that the Pharmacist has confirmed that there is no alternate proprietary formulation of the relevant medication available, even as an 'exempt product' or unlicensed use of a licensed medicine.
- g. **HD D Q ND** : Tell the nursing home owner that such healthcare decisions are not within her area of expertise and this complex healthcare issue needs to be discussed at the next multidisciplinary team meeting in a couple of months before proceeding with the presentation.
- h. **HD D Q ND** : Tell the nursing home owner that the nursing home has a standard operating procedure for crushing tablets, which is based on the premise that the Speech & Language Therapist (SLT) has evaluated the patient, and recommended a particular consistency of food to which the crushed tablets are added.
- i. **HD D Q ND** : Prepare and have all staff sign a document (Standard Operating Procedure) to say that they understand that the patient must consent to receiving crushed tablets.
- j. **HD D Q ND** : Ask the Pharmacist to prepare the presentation in a manner that addresses the various formulation, prescription writing, ethical and legal issues that can arise when healthcare professionals mix medicines in food.
- k. **HD D Q ND** : Report the nursing home owner to the Health Information and Quality Authority (HIQA), the Statutory Body with responsibility for inspecting nursing homes.
- l. **HD D Q ND** : Phone the nursing home GP (General Practitioner) to say you are concerned about the motives of the new owner of the nursing home.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

- Most Preferred Option \_\_\_\_\_
- Second Most Preferred Option \_\_\_\_\_

*Pick the 3 least preferred action options:*

- Least Preferred Option \_\_\_\_\_
- Second Least Preferred Option \_\_\_\_\_

- **Third Most Preferred Option** \_\_\_\_\_ **Third Least Preferred Option** \_\_\_\_\_

Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.

**G = Great**            **M = Much**            **S = Some**            **L = Little**            **N = No**

- G M S L N** : Where a nursing home owner is not a registered healthcare professional, he/she should not be involved in decisions regarding patient care.
- G M S L N** : Arrangement of multidisciplinary team meetings to address such issues is the responsibility of the General practitioner (GP) assigned to the nursing home.
- G M S L N** : Provided that continuing education presentations provide factually accurate information, what individual healthcare professionals do with that information is a matter for their professional judgement.
- G M S L N** : Professional colleagues will not approve of him/her antagonising the new owner by failing to accommodate this request.
- G M S L N** : As the GP signs prescriptions, decisions related to medicines usage are his/her responsibility.
- G M S L N** : The patient's right to decide what will happen to his/her body needs to be respected when Healthcare professionals assert professional judgment.
- G M S L N** : It is not appropriate for an employee or consultant to a nursing home to interfere in the day-to-day running of the nursing home.
- G M S L N** : The nursing home owner doesn't appear to understand the potential seriousness of a charge of covert administration of medicines.
- G M S L N** : The patient's right to accept or refuse a healthcare intervention has the potential to be compromised in this case, and it is the professional duty of the healthcare professional administering the medicine to restore this right.
- G M S L N** : The practice of healthcare professionals subordinating their decision-making to demands of non-healthcare professional employers in matters related to the supply of medicines should be resisted.
- G M S L N** : It's better to do as the owner asks, rather than risk the likelihood that some employees working for the nursing home would lose their jobs.
- G M S L N** : The healthcare professional-patient relationship must be founded on the principles of trust and respect for autonomy.

**From the list (a) to (l) above, pick the three most and the three least preferred justification options:  
Pick the 3 most preferred justification options: Pick the 3 least preferred justification options:**

- **Most Preferred Option** \_\_\_\_\_ **Least Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_ **Second Least Preferred Option** \_\_\_\_\_
- **Third Most Preferred Option** \_\_\_\_\_ **Third Least Preferred Option** \_\_\_\_\_

## IP ICM-2 Nursing Home. Community safety or chemical restraint?

IP ICM-2 Pharmacist

6. Read the case study.
7. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
8. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
9. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
10. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

### Read the case study:

Harvey Smith is a 45 year old community pharmacist that owns the only Community Pharmacy in a rural town some 10 miles from Tralee, a large provincial town. Harvey has provided for a 50 bed nursing home located between his pharmacy and Tralee for many years. Many of the residents are on complex medication regimes and Harvey and his staff have completed relevant post-graduate qualifications. He personally visits the home on a monthly basis both to provide professional assistance to the staff, and to give a monthly half-hour 'continuing education' presentation on a pre-agreed topic.

John Daly, the permanent Staff Nurse in the male wing, phones Harvey regarding the topic for the next professional presentation. Harvey has known John for many years as he is a regular attendee at the 'continuing education' presentations. John says that the new owner of the nursing home has advised that he and the other staff would benefit from training on how to crush tablets and in what foods to mix such crushed tablets. John requests that Harvey address these issues at his next visit.

If you were Harvey, how would you proceed?

### For your own records:

#### Individual Choices:

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3)**  
;

**Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3)**  
;

## IP ICM-2 Nursing Home. Community safety or chemical restraint?

IP ICM-2 Pharmacist

### Voiceover script for video:

1. Harvey Smith is a 45 year old community pharmacist.
2. He owns the only community pharmacy in a rural town some 10 miles from Tralee, a large provincial town.
3. Harvey has provided for a 50 bed nursing home located between his pharmacy and Tralee for many years. Many of the residents are on complex medication regimes and Harvey and his staff have completed relevant post-graduate qualifications.
4. He personally visits the home on a monthly basis both to provide professional assistance to the staff,
5. ... and to give a monthly half-hour 'continuing education' presentation on a pre-agreed topic.
6. John Daly, the permanent staff nurse in the male wing, phones Harvey regarding the topic for the next professional presentation. Harvey has known John for many years as he is a regular attendee at the 'continuing education' presentations. John says that the new owner of the nursing home has advised that he and the other staff would benefit from training on how to crush tablets and in what foods to mix such crushed tablets. John requests that Harvey address these issues at his next visit.
7. If you were Harvey, how would you proceed?

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : Phone your own statutory body for advice (Pharmaceutical Society of Ireland).
- b. **HD D Q ND** : Tell John that you will phone the owner to discuss the background to this request before making a decision as to whether or not to address the topic.
- c. **HD D Q ND** : Contact the Nursing and Midwifery Board of Ireland (NMBI) about John's behaviour.
- d. **HD D Q ND** : Refuse to engage in further discussion with John as you know that covert administration of medicines is a criminal offence and could lead to a charge of professional misconduct.
- e. **HD D Q ND** : Tell John you will address the topic at the next education session and phone the Speech & Language Therapist (Jane) to discuss your concerns about John's motives.
- f. **HD D Q ND** : Ask John to identify which patients need 'tablets crushed' and arrange the date on which to deliver the presentation.
- g. **HD D Q ND** : Tell John that this is a complex issue and the decision to crush tablets needs to be taken on an individual basis on the recommendation of the multidisciplinary team so you cannot address this topic until after the next team meeting in a couple of months' time.
- h. **HD D Q ND** : Tell John that before you can deliver this presentation, the staff will have to sign a document to say that they understand that the patient must consent to receiving crushed tablets.
- i. **HD D Q ND** : Ask John to identify which medicines will need to be crushed and arrange the date on which to deliver the presentation.
- j. **HD D Q ND** : Do the presentation in a manner that addresses the various formulation, prescription writing, ethical and legal issues that can arise when healthcare professionals mix medicines in food.
- k. **HD D Q ND** : Report the nursing home owner to the Health Information and Quality Authority (HIQA), the statutory Body with responsibility for inspecting nursing homes.
- l. **HD D Q ND** : Phone the GP aligned with the nursing home to say you are concerned about the motives of the new owner of the nursing home.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

- **Most Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_
- **Third Most Preferred Option** \_\_\_\_\_

*Pick the 3 least preferred action options:*

- **Least Preferred Option** \_\_\_\_\_
- **Second Least Preferred Option** \_\_\_\_\_
- **Third Least Preferred Option** \_\_\_\_\_

**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great                  M = Much                  S = Some                  L = Little                  N = No**

- a. **G M S L N** : Where a nursing home owner is not a registered healthcare professional, he/she should not be involved in decisions regarding patient care.
- b. **G M S L N** : Arrangement of multidisciplinary team meetings to address such issues is the responsibility of the General Practitioner (GP) assigned to the nursing home.
- c. **G M S L N** : Provided that continuing education presentations provide factually accurate information, what individual healthcare professionals do with that information is a matter for their professional judgement.
- d. **G M S L N** : Professional colleagues will not approve of him/her antagonising the new owner by failing to accommodate this request.
- e. **G M S L N** : As the GP signs prescriptions, decisions related to medicines usage are his/her responsibility.
- f. **G M S L N** : The patient's right to decide what will happen to his/her body needs to be respected when healthcare professionals assert professional judgment.
- g. **G M S L N** : It is not appropriate for an employee or consultant to a nursing home to interfere in the day-to-day running of the nursing home.
- h. **G M S L N** : The nursing home owner doesn't appear to understand the potential seriousness of a charge of covert administration of medicines.
- i. **G M S L N** : The patient's right to accept or refuse a healthcare intervention has the potential to be compromised in this case, and it is the professional duty of the healthcare professional administering the medicine to restore this right.
- j. **G M S L N** : The practice of healthcare professionals subordinating their decision-making to demands of non-healthcare professional employers in matters related to the supply of medicines should be resisted.
- k. **G M S L N** : It's better to do as the owner asks, rather than risk the likelihood that some employees working for the nursing home would lose their jobs.
- l. **G M S L N** : The healthcare professional-patient relationship must be founded on the principles of trust and respect for autonomy.

***From the list (a) to (l) above, pick the three most and the three least preferred justification options:***

***Pick the 3 most preferred justification options: Pick the 3 least preferred justification options:***

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |



**IP ICM-3 Public Hospital. Vaccination – individual choice or healthcare professional’s obligation? IP ICM-3 SHO/Doctor**

1. Read the case study.
2. Rate the importance of each action, in coming to your decision, by circling your rating of ‘action’ options.
3. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
4. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of ‘justification’ options.
5. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

**Read the case study:** Dr Mark Dwyer is a SHO in a large teaching hospital, and is responsible for the hospital staff vaccination service. In each of the last three years, influenza has been the cause of staff shortages throughout the winter season. Influenza vaccine is available to all staff, free of charge – but uptake is poor. Information campaigns within the hospital emphasise that vaccines are ‘safe’. Staff are reminded that the more of the team that are vaccinated the better protected both staff and patients would be. However, vaccination is optional. The hospital’s management team would like to advertise nationally that ‘to improve patient safety, all front-line staff have been vaccinated against the winter flu.’ Management wants Dr Dwyer to provide information on those availing of the vaccination service and accepts that it may be contra-indicated for some staff. Dr Dwyer clarifies that he cannot disclose any confidential information related to individuals choosing to avail of the service and could not identify any individual against his or her wishes. He agrees to provide summary data for vaccinations as follows: age band (under 35 years, 35 to 50 years and over 50 years), date of vaccination, whether healthcare professional or administrative staff, and department. Information supplied to staff prior to attending for the appointment includes a detailed information sheet, as available from the health services executive (HSE) website, outlining the risks and benefits of influenza vaccinations.

The first week included vaccinations for 15 of the nurses, all young and recently qualified, who booked to have vaccinations administered last week. Mary Logan, a Physiotherapist, has arrived for a pre-arranged appointment to have the influenza vaccine administered. She is 55 years old and, although she has asthma, it is well controlled. As Mark completes the paperwork Mary tells him that she has worked at the hospital for 2 years and knows that jobs are very hard to come by these days. When Mark asks Mary to sign the consent form Mary says ‘I don’t want to have this vaccination as I had a bad reaction to a flu vaccine 5 years ago. I was very ill and missed a lot of work. There is no guarantee that I won’t have another reaction – but we have been told that management will be given details of age and department, and I am the only 55 year old female working in the department. I believe I am being forced to have the vaccination’.

If you were Mark, how would you proceed?

**For your own records: Individual Choices:**

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3) ;**

**Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3) ;**

**IP ICM-3 Public Hospital. Vaccination – individual choice or healthcare professional’s obligation?**

**IP ICM-3 SHO/Doctor**

**Voiceover for video:**

1. Dr Mark Dwyer is a SHO in a large teaching hospital, and is responsible for the hospital staff vaccination service. In each of the last three years, influenza has been the cause of staff shortages throughout the winter season.
2. Influenza vaccine is available to all staff, free of charge – but uptake is poor. Information campaigns within the hospital emphasise that vaccines are ‘safe’. Staff are reminded that the more of the team that are vaccinated the better protected both staff and patients would be. However, vaccination is optional.
3. The hospital’s management team would like to advertise nationally that ‘to improve patient safety, all front-line staff have been vaccinated against the winter flu.’ Management wants Dr Dwyer to provide information on those availing of the vaccination service and accepts that it may be contra-indicated for some staff.
4. Dr Dwyer clarifies that he cannot disclose any confidential information related to individuals choosing to avail of the service and could not identify any individual against his or her wishes. He agrees to provide summary data for vaccinations as follows: age band (under 35 years, 35 to 50 years and over 50 years), date of vaccination, whether healthcare professional or administrative staff, and department.
5. Information supplied to staff prior to attending for the appointment includes a detailed information sheet, as available from the health services executive (HSE) website, outlining the risks and benefits of influenza vaccinations.
6. The first week included vaccinations for 15 of the nurses, all young and recently qualified, who booked to have vaccinations administered last week.
7. Mary Logan, a Physiotherapist, has arrived for a pre-arranged appointment to have the influenza vaccine administered. She is 55 years old and, although she has asthma, it is well controlled.
8. As Mark completes the paperwork Mary tells him that she has worked at the hospital for 2 years and knows that jobs are very hard to come by these days. When Mark asks Mary to sign the consent form Mary says ‘I don’t want to have this vaccination as I had a bad reaction to a flu vaccine 5 years ago. I was quite ill and missed time from work. There is no guarantee that I won’t have another reaction – but we have been told that management will be given details of age and department, and I am the only 55 year old female working in the department. I believe I am being forced to have the vaccination’.
9. If you were Mark, how would you proceed?

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : Do not give the vaccination and tell Mary that the vaccination centre's agreement with hospital management is in breach of the Data Protection Act as there is too much information being disclosed to management.
- b. **HD D Q ND** : Encourage Mary to have the vaccination, which you believe is not going to do her harm anyway, as to not support her employer's initiative might put her job at risk.
- c. **HD D Q ND** : Do not give the vaccination and tell the patient that recording age for use in this manner is probably discriminatory so you will arrange a strategy meeting between the SHOs and nurses involved in delivering the service and management to discuss the reporting protocol.
- d. **HD D Q ND** : Encourage her to have the vaccination as this agreement with management will improve the hospital's metrics for HSE reports, thereby protecting funding for staff.
- e. **HD D Q ND** : Do not give the vaccination and report to the Data Protection Commissioner that you have already breached the DPA by agreeing to this reporting system.
- f. **HD D Q ND** : Ask Mary whether something in the information leaflet caused her concern, clarify whatever led to her mis-understanding regarding the risks of being vaccinated, and then encourage her to have the vaccination administered.
- g. **HD D Q ND** : Encourage Mary to have the vaccination administered as you can justify such encouragement on the basis that she is of an age (and with an underlying condition like asthma, however mild,) that means the vaccination will be of benefit to her.
- h. **HD D Q ND** : Tell Mary that you will tell hospital management that they are not entitled to discriminate against an employee that chooses to not have influenza vaccination and that she can choose whether or not to have the vaccination administered.
- i. **HD D Q ND** : Do not give the vaccination, thereby respecting the patient's right to refuse administration, but include vaccination of a 55-year-old woman classified as a Physiotherapist in the report to management.
- j. **HD D Q ND** : Tell Mary that as she has booked for and arrived to the appointment for which a vaccination has been prepared, and you have an obligation to not waste resources, she should either avail of the vaccination or donate to the service an amount equal to the value of the vaccine.
- k. **HD D Q ND** : Encourage her to have the vaccination as you can justify such encouragement on the basis that the risk to her is minimal while the potential benefits to vulnerable patients are great.
- l. **HD D Q ND** : Tell Mary that you support the hospital's approach, which will reduce the spread of influenza amongst frontline staff, and she should consider the increased likelihood of essential staff getting influenza if she fails to be vaccinated.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

- **Most Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_

*Pick the 3 least preferred action options:*

- **Least Preferred Option** \_\_\_\_\_
- **Second Least Preferred Option** \_\_\_\_\_

- **Third Most Preferred Option** \_\_\_\_\_ **Third Least Preferred Option** \_\_\_\_\_

Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.

**G = Great**                      **M = Much**                      **S = Some**                      **L = Little**                      **N = No**

- G M S L N** : It would be better if Mary agreed to have the vaccination now that Mary is in the vaccination centre, rather than reduce the number of employees working in the hospital that are vaccinated.
- G M S L N** : When a patient is 55 years of age, it is in the patient's best interests to be administered the vaccine.
- G M S L N** : To proceed in these circumstances could lead to being charged with professional misconduct, called before the Statutory Body's 'Fitness-to-practice' committee, and potentially struck off the professional register.
- G M S L N** : Healthcare professionals have a professional duty to encourage all patients in vulnerable groups, and all those working in hospitals, to be vaccinated.
- G M S L N** : The agreement with hospital management contravenes the Data Protection Act, is incompatible with ethical professional practice and therefore must not be honoured.
- G M S L N** : Other staff at the hospital will not approve of any action that would increase in the likelihood that Mary's continued employment with the hospital would be at risk.
- G M S L N** : The healthcare professional administering the vaccine must assure that the patient understands issues related to vaccine administration and the many benefits it provides, including risk factors associated with influenza itself.
- G M S L N** : In the long run, it's better to give up a little of the rigor associated with the consent process, rather than to risk losing the opportunity to support the development of vaccination services.
- G M S L N** : The patient's right to accept or refuse a healthcare intervention has the potential to be compromised in this case, and it is the professional duty of the healthcare professional administering the service to restore this right.
- G M S L N** : Employees should not be penalised professionally for choosing to not have a healthcare intervention.
- G M S L N** : The healthcare professional-patient relationship must be founded on the principles of autonomy, trust and patient confidentiality.
- G M S L N** : The reporting protocol, developed during a strategy meeting with management prior to introduction of the service, deliberately excluded gender and year of birth in order to not inadvertently identify individuals.

**From the list (a) to (l) above, pick the three most and the three least preferred justification options:**

**Pick the 3 most preferred justification options:**

**Pick the 3 least preferred justification options:**

- |   |  |
|---|--|
| • <b>Most Preferred Option</b> _____        | <b>Least Preferred Option</b> _____        |
| • <b>Second Most Preferred Option</b> _____ | <b>Second Least Preferred Option</b> _____ |
| • <b>Third Most Preferred Option</b> _____  | <b>Third Least Preferred Option</b> _____  |

**IP ICM-3 Public Hospital. Vaccination – individual choice or healthcare professional’s obligation?**

**IP ICM-3 Nurse**

6. Read the case study.
7. Rate the importance of each action, in coming to your decision, by circling your rating of ‘action’ options.
8. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
9. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of ‘justification’ options.
10. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

**Read the case study:** Marion Doyle is an experienced Staff Nurse (SN) in a large teaching hospital, and is responsible for the hospital staff vaccination service. In each of the last three years, influenza has been the cause of staff shortages throughout the winter season. Influenza vaccine is available to all staff, free of charge – but uptake is poor. Information campaigns within the hospital emphasise that vaccines are ‘safe’. Staff are reminded that the more of the team that are vaccinated the better protected both staff and patients would be. However, vaccination is optional. The hospital’s management team would like to advertise nationally that ‘to improve patient safety, all front-line staff have been vaccinated against the winter flu.’ Management wants Nurse Doyle to provide information on those availing of the vaccination service and accepts that it may be contra-indicated for some staff. Nurse Doyle clarifies that she cannot disclose any confidential information related to individuals choosing to avail of the service and could not identify any individual against his or her wishes. She agrees to provide summary data for vaccinations as follows: age band (under 35 years, 35 to 50 years and over 50 years), date of vaccination, whether healthcare professional or administrative staff, and department. Information supplied to staff prior to attending for the appointment includes a detailed information sheet, as available from the health services executive (HSE) website, outlining the risks and benefits of influenza vaccinations.

The first week included vaccinations for 15 of the Senior House Officers (SHO)s, all young and recently qualified, who booked to have vaccinations administered last week. Mary Logan, a Physiotherapist, has arrived for a pre-arranged appointment to have the influenza vaccine administered. She is 55 years old and, although she has asthma, it is well controlled. As Nurse Doyle completes the paperwork Mary tells her that she has worked at the hospital for 2 years and knows that jobs are very hard to come by these days. When Nurse Doyle asks Mary to sign the consent form Mary says ‘I don’t want to have this vaccination as I had a bad reaction to a flu vaccine 5 years ago. I was very ill and missed a lot of work. There is no guarantee that I won’t have another reaction – but we have been told that management will be given details of age and department, and I am the only 55 year old female working in the department. I believe I am being forced to have the vaccination’.

If you were Marion, how would you proceed

**For your records: Individual Choices:**

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3)**  
;

Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3) ;

**IP ICM-3 Public Hospital. Vaccination – individual choice or healthcare professional’s obligation?**

**IP ICM-3 Nurse**

**Voiceover for video:**

1. Marion Doyle is an experienced staff nurse (SN) in a large teaching hospital, and is responsible for the hospital staff vaccination service. In each of the last three years, influenza has been the cause of staff shortages throughout the winter season.
2. Influenza vaccine is available to all staff, free of charge – but uptake is poor. Information campaigns within the hospital emphasise that vaccines are ‘safe’. Staff are reminded that the more of the team that are vaccinated the better protected both staff and patients would be. However, vaccination is optional.
3. The hospital’s management team would like to advertise nationally that ‘to improve patient safety, all front-line staff have been vaccinated against the winter flu.’ Management wants Nurse Doyle to provide information on those availing of the vaccination service and accepts that it may be contra-indicated for some staff.
4. Nurse Doyle clarifies that she cannot disclose any confidential information related to individuals choosing to avail of the service and could not identify any individual against his or her wishes. She agrees to provide summary data for vaccinations as follows: age band (under 35 years, 35 to 50 years and over 50 years), date of vaccination, whether healthcare professional or administrative staff, and department.
5. Information supplied to staff prior to attending for the appointment includes a detailed information sheet, as available from the health services executive (HSE) website, outlining the risks and benefits of influenza vaccinations.
6. During the first week of the service 15 of the Senior House Officers (SHO)s were vaccinated. All were young and recently qualified, and had booked to have vaccinations administered as a group.
7. Mary Logan, a physiotherapist, has arrived for a pre-arranged appointment to have the influenza vaccine administered. She is 55 years old and, although she has mild asthma, it is well controlled.
8. As Nurse Doyle completes the paperwork Mary tells her that she has worked at the hospital for 2 years and knows that jobs are very hard to come by these days. When Nurse Doyle asks Mary to sign the consent form Mary says ‘I don’t want to have this vaccination as I had a bad reaction to a flu vaccine 5 years ago. I was quite ill and missed time from work. There is no guarantee that I won’t have another reaction – but we have been told that management will be given details of age and department, and I am the only 55 year old female working in the department. I believe I am being forced to have the vaccination’.
9. If you were Nurse Doyle, how would you proceed?

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible

- a. **HD D Q ND** : Do not give the vaccination and tell Mary that the vaccination centre's agreement with hospital management is in breach of the Data Protection Act as there is too much information being disclosed to management.
- b. **HD D Q ND** : Encourage Mary to have the vaccination, which you believe is not going to do her harm anyway, as to not support her employer's initiative might put her job at risk.
- c. **HD D Q ND** : Do not give the vaccination and tell the patient that recording age for use in this manner is probably discriminatory so you will arrange a strategy meeting between the SHOs and nurses involved in delivering the service and management to discuss the reporting protocol.
- d. **HD D Q ND** : Encourage her to have the vaccination as this agreement with management will improve the hospital's metrics for HSE reports, thereby protecting funding for staff.
- e. **HD D Q ND** : Do not give the vaccination and report to the Data Protection Commissioner that you have already breached the DPA by agreeing to this reporting system.
- f. **HD D Q ND** : Ask Mary whether something in the information leaflet caused her concern, clarify whatever led to her misunderstanding regarding the risks of being vaccinated, and then encourage her to have the vaccination administered.
- g. **HD D Q ND** : Encourage Mary to have the vaccination administered as you can justify such encouragement on the basis that she is of an age (and with an underlying condition like asthma, however mild,) that means the vaccination will be of benefit to her.
- h. **HD D Q ND** : Tell Mary that you will tell hospital management that they are not entitled to discriminate against an employee that chooses to not have influenza vaccination and that she can choose whether or not to have the vaccination administered.
- i. **HD D Q ND** : Do not give the vaccination, thereby respecting the patient's right to refuse administration, but include vaccination of a 55-year-old woman classified as a physiotherapist in the report to management.
- j. **HD D Q ND** : Tell Mary that as she has booked for and arrived to the appointment for which a vaccination has been prepared, and you have an obligation to not waste resources, she should either avail of the vaccination or donate to the service an amount equal to the value of the vaccine.
- k. **HD D Q ND** : Encourage her to have the vaccination as you can justify such encouragement on the basis that the risk to her is minimal while the potential benefits to vulnerable patients are great.
- l. **HD D Q ND** : Tell Mary that you support the hospital's approach, which will reduce the spread of influenza amongst frontline staff, and she should consider the increased likelihood of essential staff getting influenza if she fails to be vaccinated.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

• Most Preferred Option \_\_\_\_\_

*Pick the 3 least preferred action options:*

Least Preferred Option \_\_\_\_\_

- **Second Most Preferred Option** \_\_\_\_\_ **Second Least Preferred Option** \_\_\_\_\_
- **Third Most Preferred Option** \_\_\_\_\_ **Third Least Preferred Option** \_\_\_\_\_

**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great                      M = Much                      S = Some                      L = Little                      N = No**

- a. **G M S L N** : It would be better if Mary agreed to have the vaccination now that she is in the vaccination centre, rather than reduce the number of employees working in the hospital that are vaccinated.
- b. **G M S L N** : When a patient is 55 years of age, it is in the patient's best interests to be administered the vaccine.
- c. **G M S L N** : To proceed in these circumstances could lead to being charged with professional misconduct, called before the Statutory Body's 'Fitness-to-practice' committee, and potentially struck off the professional register.
- d. **G M S L N** : Healthcare professionals have a professional duty to encourage all patients in vulnerable groups, and all those working in hospitals, to be vaccinated.
- e. **G M S L N** : The agreement with hospital management contravenes the Data Protection Act, is incompatible with ethical professional practice and therefore must not be honoured.
- f. **G M S L N** : Other staff at the hospital will not approve of any action that would increase in the likelihood that Mary's continued employment with the hospital would be at risk.
- g. **G M S L N** : The healthcare professional administering the vaccine must assure that the patient understands issues related to vaccine administration and many benefits it provides, including risk factors associated with influenza itself.
- h. **G M S L N** : In the long run, it's better to give up a little of the rigor associated with the consent process, rather than to risk losing the opportunity to support the development of vaccination services.
- i. **G M S L N** : The patient's right to accept or refuse a healthcare intervention has the potential to be compromised in this case, and it is the professional duty of the healthcare professional administering the service to restore this right.
- j. **G M S L N** : Employees should not be penalised professionally for choosing to not have a healthcare intervention.
- k. **G M S L N** : The healthcare professional-patient relationship must be founded on the principles of autonomy, trust and patient confidentiality.
- l. **G M S L N** : The reporting protocol, developed during a strategy meeting with management prior to introduction of the service, deliberately excluded gender and year of birth in order to not inadvertently identify individuals.

**From the list (a) to (l) above, pick the three most and the three least preferred justification options:**

**Pick the 3 most preferred justification options: Pick the 3 least preferred justification options:**

- **Most Preferred Option** \_\_\_\_\_ **Least Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_ **Second Least Preferred Option** \_\_\_\_\_
- **Third Most Preferred Option** \_\_\_\_\_ **Third Least Preferred Option** \_\_\_\_\_



## IP ICM-4 Primary care patient's home: Individual care or responsible use of scarce resources?

### IP ICM-4 Dietician

11. Read the case study.
12. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
13. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
14. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
15. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

**Read the case study:** Joan Kelly has been working on the primary care team for 20 years. She voluntarily reduced to a half-time position six months ago. She is well known to the other healthcare professionals aligned with the primary care team. Joan has seen patient Conor Brown on numerous occasions over the past two years. Conor has been struggling with some care needs, diet and medication management after suffering a stroke two years ago.

Conor is 75 years old, lives alone in a small village and wants to remain independent. He does not drive and doesn't have, or want, access to a computer. Conor has ongoing swallowing difficulties, and knows that he should thicken any fluids he takes. He is provided with thickening agents<sup>1</sup>. Conor also has type 2 diabetes mellitus (T2DM), and knows that he should adjust his diet to manage and control T2DM. His daughter Alice, who has three young children and lives 30 miles away, visits three times weekly – usually after she finishes work as a shop assistant.

Joan has given instructions regarding low sugar diet, consistency of food as per the Clinical Speech & Language Therapist (SLT) report, and general guidance on diet on several occasions. Conor's ongoing lack of compliance is of concern to her, but, given his poor compliance, she finds it hard to justify allocating more time to his care. Joan has a very long waiting list for appointments and wants to prioritise seeing new patients on that list.

Joan answers a phone call from the public health nurse Emma Jones who says she has just visited Conor in his home. She explains that she noticed a half-finished mug of tea and the remnants of a packet of chocolate biscuits on the table – and several unopened cans of thickening agent underneath the table. She believed the tea would not be thick enough for Conor, and, with his poorly controlled blood sugars, chocolate biscuits would not be advised.

Emma says that Conor also appeared to speak aggressively towards his daughter when she arrived to the house while Emma was there.

If you were Joan, how would you proceed?

**For your own records: Individual Choices:**

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<sup>1</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3)**  
;

**Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3)**  
;

**IP ICM-4 Primary care patient's home: Individual care or responsible use of scarce resources?**

IP ICM-4 Dietician

**Voiceover for video:**

1. Joan Kelly has been a dietician on the primary care team for 20 years. She voluntarily reduced to a half-time position six months ago. She is well known to the other healthcare professionals aligned with the primary care team.
2. Joan has seen patient Conor Brown on numerous occasions over the past two years. Conor has been struggling with some care needs, diet and medication management after suffering a stroke two years ago.
3. Conor is 75 years old, lives alone in a small village and wants to remain independent. He does not drive and doesn't have, or want, access to a computer. Conor has ongoing swallowing difficulties, and knows that he should thicken any fluids he takes. He is provided with thickening agents<sup>2</sup>. Conor also has type 2 diabetes mellitus (T2DM), and knows that he should adjust his diet to manage and control T2DM.
4. His daughter Alice, who has three young children and lives 30 miles away, visits three times weekly – usually after she finishes work as a shop assistant.
5. Joan has given instructions regarding low sugar diet, consistency of food as per the Clinical Speech & language Therapist (SLT) report, and general guidance on diet on several occasions. Conor's ongoing lack of compliance is of concern to her, but, given his poor compliance, she finds it hard to justify allocating more time to his care. Joan has a very long waiting list for appointments and wants to prioritise seeing new patients on that list.
6. Joan answers a phone call from the public health nurse Emma Jones who says she has just visited Conor in his home.
7. She explains that she noticed a half-finished mug of tea and the remnants of a packet of chocolate biscuits on the table – and several unopened cans of thickening agent underneath the table. She believed the tea would not be thick enough for Conor, and, with his poorly controlled blood sugars, chocolate biscuits would not be advised.
8. Emma says that Conor also appeared to speak aggressively towards his daughter when she arrived to the house while Emma was there.
9. If you were Joan, how would you proceed?

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<sup>2</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : As you have limited time available, ignore indicators of the patient's non-compliance rather than waste time trying to convince uncooperative patients to follow advice from healthcare professionals.
- b. **HD D Q ND** : Phone Alice to tell her that she is being irresponsible by collecting thickening agent<sup>3</sup> from the pharmacy for him when she knows he's not using it and she is doing harm to her father's health by providing him with tea and biscuits.
- c. **HD D Q ND** : Respect Conor's wishes and let him continue with his poor diet and un-thickened fluids and continue treating him as per standard practice.
- d. **HD D Q ND** : Tell Alice that you understand she must be under significant pressure having to care for her father, that to ignore her father's unacceptable behaviour is not necessarily the only way of dealing with the situation, and that you would like to research what other care arrangements might be available in order to manage the situation.
- e. **HD D Q ND**: Phone Alice to discuss the reasons why her father should change his dietary habits and then, if satisfied with her explanation that he won't comply, tell her that you will have to report him to your manager.
- f. **HD D Q ND** : Report Conor's behaviour towards Alice to the local Gardai.
- g. **HD D Q ND** : Actively encourage Conor to return to his General Practitioner (GP), and offer to phone him/her on behalf of Conor.
- h. **HD D Q ND** : As you believe that Emma, the Public Health Nurse, feels threatened by Conor's behaviour toward his daughter, you suggest that she avoid any discussion with him and leave the house as soon as feasible.
- i. **HD D Q ND** : Phone Margaret (Speech & Language Therapist (SLT)) to relay your observation of the unopened cans of thickening agent and Conor's aggressive behaviour towards Alice.
- j. **HD D Q ND** : Tell Emma that you have done everything you reasonably can for Conor, and you don't have any further recommendations regarding his care.
- k. **HD D Q ND** : As healthcare professionals should have sympathy for Conor's frustration with his limitations following the stroke, ignore his uncooperative behaviour and proceed with care as per standard practice.
- l. **HD D Q ND** : Phone Conor's General Practitioner (GP) to discuss how best to address the situation.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

***Pick the 3 most preferred action options:***

- **Most Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_

***Pick the 3 least preferred action options:***

- **Least Preferred Option** \_\_\_\_\_
- **Second Least Preferred Option** \_\_\_\_\_

<sup>3</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©

- **Third Most Preferred Option** \_\_\_\_\_ **Third Least Preferred Option** \_\_\_\_\_

**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great                  M = Much                  S = Some                  L = Little                  N = No**

- a. **G M S L N** : A healthcare practitioner can't judge a family's actions if he/she doesn't have to live in the situation him/herself.
- b. **G M S L N** : When patients have financial constraints and limited transport, they cannot be expected to adhere to strict dietary regimes as foodstuffs cannot be easily obtained in village shops.
- c. **G M S L N** : As the rights of all individuals to personal safety must be respected, the practice of healthcare professionals turning a 'blind eye' to instances of aggressive behaviour cannot be justified.
- d. **G M S L N** : If healthcare professionals interfere in family affairs in these circumstances they may fear allegations of professional misconduct, and being called before the Regulatory Body's discipline committee.
- e. **G M S L N** : A healthcare professional's duty of care to a patient infers that he/she should not knowingly permit a family member to covertly provide harmful foodstuffs to a patient under his/her care.
- f. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the local community think you are interfering in family matters, and the family's right to accede to Conor's preference for liquids and sweet foodstuffs must be acknowledged and respected.
- g. **G M S L N** : It is the healthcare professional's professional duty to alert the patient's General Practitioner (GP) to the potentially unethical behaviour by family members where it affects a patient under his/her care.
- h. **G M S L N** : The patient doesn't appear to understand the gravity of the healthcare situation he faces or the implications of failing to follow specialist advice.
- i. **G M S L N** : If the patient is adamant about a decision, and has been properly educated and warned of the consequences, then the healthcare practitioner shouldn't interfere.
- j. **G M S L N** : The healthcare practitioner's duty of care to a patient's family member allows him/her to breach confidentiality.
- k. **G M S L N** : When appointments with healthcare practitioners are scarce, interprofessional responsibilities include that all members of the team should be advised of patient non-adherence to advice and regimes so that scarce appointments and resources are not wasted.
- l. **G M S L N** : Considering his age, healthcare needs and attitude, it would be in the patient's best interests to go into residential care.

**From the list (a) to (l) above, pick the three most and the three least preferred justification options:**

**Pick the 3 most preferred justification options:      Pick the 3 least preferred justification options:**

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |

**IP ICM-4 Primary care patient’s home. Individual care or responsible use of scarce resources?**

IP ICM-4 PHN

16. Read the case study.
17. Rate the importance of each action, in coming to your decision, by circling your rating of ‘action’ options.
18. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
19. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of ‘justification’ options.
20. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

**Read the case study:**

Emma Jones has been the Public Health Nurse (PHN) assigned to this rural area for 10 years. She is well known to the other healthcare professionals aligned with the primary care team. Conor Brown has been a regular patient on her list for a few years. Conor is struggling with some care needs, diet and medication management after suffering a stroke two years ago.

Conor is 75 years old, lives alone in a small village and wants to remain independent. He does not drive and doesn’t have, or want, access to a computer. Conor has ongoing swallowing difficulties, and any fluids must be thickened for him. He is provided with thickening agents<sup>4</sup> as advised by Margaret Hall - the Clinical Speech and Language Therapist (SLT) on the primary care team. Conor also has type 2 diabetes mellitus (T2DM), and has been prescribed a specialist diet to manage and control the T2DM by the dietician, Joan Kelly. His daughter Alice, who has three young children and lives 30 miles away, visits three times weekly – usually after she finishes work as a shop assistant.

When Emma arrives to Conor’s home, she notices a half-finished mug of tea and the remnants of a packet of chocolate biscuits on the table – and several unopened cans of thickening agent underneath the table. The tea would not be thick enough for Conor, and, with his poorly controlled blood sugars, chocolate biscuits would not be advised. Just then, Conor’s daughter arrives, apologises to Conor for being late and quickly tidies the mug and biscuit wrappers from the table. Conor comments, in a very aggressive manner, that she is ‘as useless as always’.

If you were Emma, how would you proceed?

**For your own records: Individual Choices:**

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3)**  
;

**Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3)**  
;

<sup>4</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©

**IP ICM-4 Primary care patient's home. Individual care or responsible use of scarce resources?**

IP ICM-4 PHN

**Voiceover script for video:**

1. Emma Jones has been the Public Health Nurse (PHN) assigned to this rural area for 10 years. Conor Brown has been a regular patient on her list for a few years. Conor is struggling with some care needs, diet and medication management after suffering a stroke two years ago.
2. Emma is well known to the other healthcare professionals aligned with the primary care team.
3. Conor is 75 years old, lives alone in a small village and wants to remain independent. He does not drive and doesn't have, or want, access to a computer. Conor has ongoing swallowing difficulties, and any fluids must be thickened for him. He is provided with thickening agents<sup>5</sup>
4. as advised by Margaret Hall - the Clinical Speech and Language Therapist (SLT) on the primary care team.
5. Conor also has type 2 diabetes mellitus (T2DM), and has been prescribed a specialist diet to manage and control the T2DM by the dietician, Joan Kelly.
6. His daughter Alice, who has three young children and lives 30 miles away, visits three times weekly – usually after she finishes work as a shop assistant.
7. When Emma arrives to Conor's home, she notices a half-finished mug of tea and the remnants of a packet of chocolate biscuits on the table – and several unopened cans of thickening agent underneath the table. The tea would not be thick enough for Conor, and, with his poorly controlled blood sugars, chocolate biscuits would not be advised.
8. Just then, Conor's daughter arrives, apologises to Conor for being late and quickly tidies the mug and biscuit wrappers from the table. Conor comments, in a very aggressive manner, that she is 'as useless as always'.
9. If you were Emma, how would you proceed?

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<sup>5</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : As you have limited time available, ignore indicators of the patient's non-compliance rather than waste time trying to convince unco-operative patients to follow advice from healthcare professionals.
- b. **HD D Q ND** : Tell Alice, in private, that she is being irresponsible by collecting thickening agent<sup>6</sup> from the pharmacy for him when she knows he's not using it and she is doing harm to her father's health by providing him with tea and biscuits.
- c. **HD D Q ND** : Respect Conor's wishes and let him continue with his poor diet and un-thickened fluids and continue treating him as per standard practice.
- d. **HD D Q ND** : Tell Alice, in earshot of her father, that you understand she must be under significant pressure having to care for her father, that to ignore her father's unacceptable behaviour is not necessarily the only way of dealing with the situation, and that you would like to research what other care arrangements might be available in order to manage the situation.
- e. **HD D Q ND**: Discuss with Alice, in private, the reasons why her father should change his dietary habits and then, if satisfied with her explanation that he won't comply, tell her that you will have to report him to your manager.
- f. **HD D Q ND** : Report Conor's behaviour towards Alice to the local Gardai.
- g. **HD D Q ND** : Actively encourage Conor to return to his General Practitioner (GP), and offer to phone him/her on behalf of Conor.
- h. **HD D Q ND** : As you feel threatened by Conor's behaviour toward his daughter, you avoid any discussion with him and leave the house as soon as feasible.
- i. **HD D Q ND** : Phone Margaret (Speech & Language Therapist (SLT)) to relay your observation of the unopened cans of thickening agent and Conor's aggressive behaviour towards Alice.
- j. **HD D Q ND** : Phone Joan (Dietician) to relay your observation of the unopened cans of thickening agent and Conor's aggressive behaviour towards Alice.
- k. **HD D Q ND** : As healthcare professionals should have sympathy for Conor's frustration with his limitations following the stroke, ignore his unco-operative behaviour and proceed with care as per standard practice.
- l. **HD D Q ND** : Phone Conor's General Practitioner (GP) to discuss how best to address the situation.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

- Most Preferred Option \_\_\_\_\_
- Second Most Preferred Option \_\_\_\_\_
- Third Most Preferred Option \_\_\_\_\_

*Pick the 3 least preferred action options:*

- Least Preferred Option \_\_\_\_\_
- Second Least Preferred Option \_\_\_\_\_
- Third Least Preferred Option \_\_\_\_\_

<sup>6</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©





**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great                  M = Much                  S = Some                  L = Little                  N = No**

- a. **G M S L N** : A healthcare practitioner can't judge a family's actions if he/she doesn't have to live in the situation him/herself.
- b. **G M S L N** : When patients have financial constraints and limited transport, they cannot be expected to adhere to strict dietary regimes as foodstuffs cannot be easily obtained in village shops.
- c. **G M S L N** : As the rights of all individuals to personal safety must be respected, the practice of healthcare professionals turning a 'blind eye' to instances of aggressive behaviour cannot be justified.
- d. **G M S L N** : If healthcare professionals interfere in family affairs in these circumstances they may fear allegations of professional misconduct, and being called before the Regulatory Body's discipline committee.
- e. **G M S L N** : A healthcare professional's duty of care to a patient infers that he/she should not knowingly permit a family member to covertly provide harmful foodstuffs to a patient under his/her care.
- f. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the local community think you are interfering in family matters, and the family's right to accede to Conor's preference for liquids and sweet foodstuffs must be acknowledged and respected.
- g. **G M S L N** : It is the healthcare professional's professional duty to alert the patient's General Practitioner (GP) to the potentially unethical behaviour by family members where it affects a patient under his/her care.
- h. **G M S L N** : The patient doesn't appear to understand the gravity of the healthcare situation he faces or the implications of failing to follow specialist advice.
- i. **G M S L N** : If the patient is adamant about a decision, and has been properly educated and warned of the consequences, then the healthcare practitioner shouldn't interfere.
- j. **G M S L N** : The healthcare practitioner's duty of care to a patient's family member allows him/her to breach confidentiality.
- k. **G M S L N** : When appointments with healthcare practitioners are scarce, interprofessional responsibilities include that all members of the team should be advised of patient non-adherence to advice and regimes so that scarce appointments and resources are not wasted.
- l. **G M S L N** : Considering his age, healthcare needs and attitude, it would be in the patient's best interests to go into residential care.

**From the list (a) to (l) above, pick the three most and the three least preferred justification options:**

**Pick the 3 most preferred justification options:          Pick the 3 least preferred justification options:**

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |

## IP ICM-4 Primary care patient's home. Individual care or responsible use of scarce resources?

IP ICM-4 Speech & Language Therapist (SLT)

21. Read the case study.
22. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
23. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
24. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
25. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

### Read the case study:

Margaret Hall is an experienced Speech and Language Therapist (SLT) on a large primary care team. She is well known to the other healthcare professionals aligned with the primary care team. Margaret has seen patient Conor Brown on four occasions over the past two years. Conor is struggling with some care needs, diet and medication management after suffering a stroke two years ago.

Margaret has ongoing concerns regarding the risk of aspirational pneumonia and has advised that this risk can be easily avoided if thickening agents<sup>7</sup> are used. She recently prepared a detailed report advising on the appropriate consistency of foods for Conor, and how to use thickening agents to achieve appropriate consistency.

Conor is 75 years old, lives alone in a small village and wants to remain independent. He does not drive and doesn't have, or want, access to a computer. Conor has ongoing swallowing difficulties, and knows that he should thicken any fluids he takes. He is provided with thickening agents. Conor also has type 2 diabetes mellitus (T2DM), and has been prescribed a specialist diet to manage and control T2DM by the Dietician, Joan Kelly. His daughter Alice, who has three young children and lives 30 miles away, visits three times weekly – usually after she finishes work as a shop assistant.

Margaret answers a phone call from the Public Health Nurse Emma Jones who says she has just visited Conor in his home. She explains that she noticed a half-finished mug of tea and the remnants of a packet of chocolate biscuits on the table – and several unopened cans of thickening agent underneath the table. She is aware that tea would not be thick enough for Conor, and, with his poorly controlled blood sugars, chocolate biscuits would not be advised.

Emma says that Conor also appeared to speak aggressively towards his daughter when she arrived to the house while Emma was there.

If you were Margaret, how would you proceed?

### For your own records: Individual Choices:

Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3) ;

<sup>7</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©

Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3) ;

**IP ICM-4 Primary care patient's home. Individual care or responsible use of scarce resources?**

IP ICM-4 SLT

**Voiceover script for video:**

1. Margaret Hall is an experienced Clinical Speech and Language Therapist (SLT) on a large primary care team. Margaret has seen patient Conor Brown on four occasions over the past two years. Conor is struggling with some care needs, diet and medication management after suffering a stroke two years ago.
2. Margaret is well known to the other healthcare professionals aligned with the primary care team.
3. Margaret has ongoing concerns regarding the risk of aspirational pneumonia and has advised that this risk can be easily avoided if thickening agents<sup>8</sup> are used.
4. She recently prepared a detailed report advising on the appropriate consistency of foods for Conor, and how to use thickening agents to achieve appropriate consistency.
5. Conor is 75 years old, lives alone in a small village and wants to remain independent. He does not drive and doesn't have, or want, access to a computer. Conor has ongoing swallowing difficulties, and knows that he should thicken any fluids he takes. He is provided with thickening agents.
6. Conor also has type 2 diabetes mellitus (T2DM), and has been prescribed a specialist diet to manage and control T2DM by the dietician, Joan Kelly.
7. His daughter Alice, who has three young children and lives 30 miles away, visits three times weekly – usually after she finishes work as a shop assistant.
8. Margaret answers a phone call from the public health nurse Emma Jones who says she has just visited Conor in his home. She explains that she noticed a half-finished mug of tea and the remnants of a packet of chocolate biscuits on the table – and several unopened cans of thickening agent underneath the table. She is aware that tea would not be thick enough for Conor, and, with his poorly controlled blood sugars, chocolate biscuits would not be advised. Emma says that Conor also appeared to speak aggressively towards his daughter when she arrived to the house while Emma was there.
9. If you were Margaret, how would you proceed?

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<sup>8</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : As you have limited time available, ignore indicators of the patient's non-compliance rather than waste time trying to convince unco-operative patients to follow advice from healthcare professionals.
- b. **HD D Q ND** : Phone Alice to tell her that she is being irresponsible by collecting thickening agent<sup>9</sup> from the pharmacy for him when she knows he's not using it and she is doing harm to her father's health by providing him with tea and biscuits.
- c. **HD D Q ND** : Respect Conor's wishes and let him continue with his poor diet and un-thickened fluids and continue treating him as per standard practice.
- d. **HD D Q ND** : Tell Alice that you understand she must be under significant pressure having to care for her father, that to ignore her father's unacceptable behaviour is not necessarily the only way of dealing with the situation, and that you would like to research what other care arrangements might be available in order to manage the situation.
- e. **HD D Q ND**: Phone Alice to discuss the reasons why her father should change his dietary habits and then, if satisfied with her explanation that he won't comply, tell her that you will have to report him to your manager.
- f. **HD D Q ND** : Report Conor's behaviour towards Alice to the local Gardai.
- g. **HD D Q ND** : Actively encourage Conor to return to his General Practitioner (GP), and offer to phone him/her on behalf of Conor.
- h. **HD D Q ND** : As you believe that Emma, the Public Health Nurse, feels threatened by Conor's behaviour toward his daughter, you suggest that she avoid any discussion with him and leave the house as soon as feasible.
- i. **HD D Q ND** : Phone Joan (Dietician) to relay your observation of the unopened cans of thickening agent and Conor's aggressive behaviour towards Alice.
- j. **HD D Q ND** : Tell Emma that you have done everything you reasonably can for Conor, and you don't have any further recommendations regarding his care.
- k. **HD D Q ND** : As healthcare professionals should have sympathy for Conor's frustration with his limitations following the stroke, ignore his unco-operative behaviour and proceed with care as per standard practice.
- l. **HD D Q ND** : Phone Conor's General Practitioner (GP) to discuss how best to address the situation.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

- **Most Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_
- **Third Most Preferred Option** \_\_\_\_\_

*Pick the 3 least preferred action options:*

- **Least Preferred Option** \_\_\_\_\_
- **Second Least Preferred Option** \_\_\_\_\_
- **Third Least Preferred Option** \_\_\_\_\_

<sup>9</sup> Brands of thickening agents include Thick & Easy®, Carobel © and Nutilis©



**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of ‘justification’ options.**

**G = Great                  M = Much                  S = Some                  L = Little                  N = No**

- a. **G M S L N** : A healthcare practitioner can’t judge a family’s actions if he/she doesn’t have to live in the situation him/herself.
- b. **G M S L N** : When patients have financial constraints and limited transport, they cannot be expected to adhere to strict dietary regimes as foodstuffs cannot be easily obtained in village shops.
- c. **G M S L N** : As the rights of all individuals to personal safety must be respected, the practice of healthcare professionals turning a ‘blind eye’ to instances of aggressive behaviour cannot be justified.
- d. **G M S L N** : If healthcare professionals interfere in family affairs in these circumstances they may fear allegations of professional misconduct, and being called before the Regulatory Body’s discipline committee.
- e. **G M S L N** : A healthcare professional’s duty of care to a patient infers that he/she should not knowingly permit a family member to covertly provide harmful foodstuffs to a patient under his/her care.
- f. **G M S L N** : In the long run, it’s better to give up a little on your professional standards than to have the local community think you are interfering in family matters, and the family’s right to accede to Conor’s preference for liquids and sweet foodstuffs must be acknowledged and respected.
- g. **G M S L N** : It is the healthcare professional’s professional duty to alert the patient’s General Practitioner (GP) to the potentially unethical behaviour by family members where it affects a patient under his/her care.
- h. **G M S L N** : The patient doesn’t appear to understand the gravity of the healthcare situation he faces or the implications of failing to follow specialist advice.
- i. **G M S L N** : If the patient is adamant about a decision, and has been properly educated and warned of the consequences, then the healthcare practitioner shouldn’t interfere.
- j. **G M S L N** : The healthcare practitioner’s duty of care to a patient’s family member allows him/her to breach confidentiality.
- k. **G M S L N** : When appointments with healthcare practitioners are scarce, interprofessional responsibilities include that all members of the team should be advised of patient non-adherence to advice and regimes so that scarce appointments and resources are not wasted.
- l. **G M S L N** : Considering his age, healthcare needs and attitude, it would be in the patient’s best interests to go into residential care.

***From the list (a) to (l) above, pick the three most and the three least preferred justification options:***

***Pick the 3 most preferred justification options:***

***Pick the 3 least preferred justification options:***

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |

**IP ICM- 5 Primary Care Community Pharmacy: dispensing prescriptions: professional discretion or duty of care?**

IP ICM-5 Pharmacist speaking with the prescriber (Dentist)

26. Read the case study.
27. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
28. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
29. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
30. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

**Read the case study:**

Helen Grant is a Staff Pharmacist at a pharmacy in a large rural town. Helen recognises Eileen Daly, a local Dentist, as she arrives into the pharmacy on a Sunday morning of a Bank Holiday weekend. She asks for a pad of paper and writes a prescription for [amoxicillin<sup>10</sup> 1g twice daily + clarithromycin 500mg twice daily x 14 days] for her husband Charlie. Eileen hands Helen the prescription and Helen notes that the format of prescription is as per regulatory requirements and both items are in stock in the pharmacy. Eileen mentions that he has 'esomeprazole 20mg at home' and will take it twice daily for 14 days.

Helen knows Charlie – he is the Dietician at the nearby hospital.

On review of his medication record Helen sees that he had the same combination of antibiotics dispensed 4 weeks previously, and also 4 months ago ... As Eileen observes Helen reviewing the earlier prescriptions on Charlie's patient medication record, she says that if there is any issue with the prescription, she will amend it. She cheerfully comments that she and Charlie are heading away for a short holiday that afternoon.

Helen approaches her at the counter, thankful that there are no other customers in the pharmacy, and raises the issue of such frequent use of 'triple therapy' (esomeprazole 20mg BD + amoxicillin 1g bd + clarithromycin 500mg bd x 14 days). Eileen replies that 'It's been a busy few months so his stomach has been a bit unsettled, but there's no need to be concerned – we'd know if he needed to get anything checked out'.

If you were Helen, how would you proceed?

**For your own records:**

**Individual Choices:**

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3) ;**

<sup>10</sup> A valid first line option for treatment of Helicobacter Pylori (H.Pylori) is Triple therapy with esomeprazole 20mg (twice daily) + amoxicillin 1g (twice daily) + clarithromycin 500mg (twice daily) for 14 days. If this first line treatment does not clear the infection, therapy would generally be changed and/ or further investigations would be undertaken.



Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3) ;

**IP ICM-5 Primary Care Community Pharmacy: dispensing prescriptions: professional discretion or duty of care?**

IP ICM-5 Pharmacist speaking with the prescriber (Dentist)

**Voiceover script for video:**

1. Helen Grant is a staff pharmacist at a pharmacy in a large rural town.
2. Helen recognises Eileen Daly, a local dentist, as she arrives into the pharmacy on a Sunday morning of a bank holiday weekend.
3. Eileen asks for a pad of paper and writes a prescription for [amoxicillin<sup>11</sup> 1g twice daily + clarithromycin 500mg twice daily x 14 days] for her husband Charlie.
4. Eileen hands Helen the prescription and Helen notes that the format of prescription is as per regulatory requirements and both items are in stock in the pharmacy. Eileen mentions that he has 'esomeprazole 20mg at home' and will take it twice daily for 14 days.
5. Helen knows Charlie – he is the dietician at the nearby hospital.
6. On review of his medication record Helen sees that he had the same combination of antibiotics dispensed 4 weeks previously, and also 4 months ago ...
7. As Eileen observes Helen reviewing the earlier prescriptions on Charlie's patient medication record, she says that if there is any issue with the prescription, she will amend it. She cheerfully comments that she and Charlie are heading away for a short holiday that afternoon.
8. Helen approaches her at the counter, thankful that there are no other customers in the pharmacy, and raises the issue of such frequent use of 'triple therapy' (esomeprazole 20mg BD + amoxicillin 1g bd + clarithromycin 500mg bd x 14 days).
9. Eileen replies that 'It's been a busy few months so his stomach has been a bit unsettled, but there's no need to be concerned – we'd know if he needed to get anything checked out'.
10. How should Helen proceed?

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<sup>11</sup> A valid first line option for treatment of Helicobacter Pylori (H.Pylori) is Triple therapy with esomeprazole 20mg (twice daily) + amoxicillin 1g (twice daily) + clarithromycin 500mg (twice daily) for 14 days. If this first line treatment does not clear the infection, therapy would generally be changed and/ or further investigations would be undertaken.

Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/ highlighting your rating of 'action' options.

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : A correctly written prescription has been presented. Supply, as per normal dispensing practice, [amoxicillin 1g (twice daily) + clarithromycin 500mg (twice daily) for 14 days] without further discussion.
- b. **HD D Q ND** : Attempt to further educate Eileen regarding the evidence base related to the use of [Triple therapy<sup>12</sup> for H.Pylori], and give her contact details for the Irish Helicobacter Pylori Working Group (IHpWG).
- c. **HD D Q ND** : Refuse to supply or to discuss the matter with Eileen as to do so would put a Pharmacist at risk of allegations of professional misconduct.
- d. **HD D Q ND** : Actively encourage Eileen to persuade Charlie to return to his family doctor or specialist, and offer to phone him/her, the following Tuesday, on behalf of Charlie.
- e. **HD D Q ND** : Advise Eileen that her right to write whatever prescriptions she chooses is respected, but that continued use of the [Triple Therapy for H.Pylori ], will be more likely to do harm than good so it would be against the professional Code of Conduct to supply them to Charlie on the basis of a prescription from his spouse.
- f. **HD D Q ND** : Report Eileen to the Dental Council of Ireland, the Regulatory Body governing dentists in Ireland.
- g. **HD D Q ND** : Having confirmed that Charlie has no evidence of bleeding, tell Eileen that her prescribing of treatment for H.Pylori infection to a family member is of concern, and inform her that as there have been two previous refills of the same prescription, so you cannot dispense the prescription for Charlie.
- h. **HD D Q ND** : Tell Eileen that Charlie should visit his family Doctor or gastroenterologist before any further prescriptions for these items could be dispensed.
- i. **HD D Q ND** : Phone another local Dentist whom you know to be a member of the Dental Council of Ireland for guidance regarding Eileen's behaviour.
- j. **HD D Q ND** : Tell Eileen that the Clarithromycin<sup>13</sup> is not in stock.
- k. **HD D Q ND** : Dispense the prescription and phone Charlie's family Doctor or Specialist, at the earliest opportunity, to discuss Charlie's infection.
- l. **HD D Q ND** : Highlight to Eileen that repeated use of these antibiotics may indicate and/ or mask worsening of an underlying condition, so you must insist on getting a prescription from his family Doctor before supplying anything further.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

***Pick the 3 most preferred action options:***

- **Most Preferred Option** \_\_\_\_\_
- **Second Most Preferred Option** \_\_\_\_\_
- **Third Most Preferred Option** \_\_\_\_\_

***Pick the 3 least preferred action options:***

- **Least Preferred Option** \_\_\_\_\_
- **Second Least Preferred Option** \_\_\_\_\_
- **Third Least Preferred Option** \_\_\_\_\_

<sup>12</sup> A valid first line option for treatment of Helicobacter Pylori (H.Pylori) is Triple therapy with esomeprazole 20mg (twice daily) + amoxicillin 1g (twice daily) + clarithromycin 500mg (twice daily) for 14 days. If this first line treatment does not clear the infection, therapy would generally be changed and/ or further investigations would be undertaken.

<sup>13</sup> Community Pharmacies might carry small stock levels of clarithromycin, so it is possible that a pharmacy might be 'out of stock' of this item.

**Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.**

**G = Great                      M = Much                      S = Some                      L = Little                      N = No**

- a. **G M S L N** : A Pharmacist's colleagues would not approve of his/her refusal to dispense a prescription written by a (local) Dentist.
- b. **G M S L N** : A Dentist's colleagues would not approve of him/her writing prescriptions for his/her spouse.
- c. **G M S L N** : The supply of medicines in these circumstances could lead to allegations of professional misconduct, and being called before the Regulatory Body's disciplinary committee(s).
- d. **G M S L N** : The power balance between the authority to prescribe and the authority to dispense/ supply medicines must be respected.
- e. **G M S L N** : A healthcare professional has a duty to alert the Regulatory Body to knowledge 'gaps' so that appropriate Continuing Professional Development can be arranged.
- f. **G M S L N** : The patient doesn't appear to understand the potential gravity of the healthcare situation he faces or the implications of failing to access medical/specialist advice.
- g. **G M S L N** : If interprofessional relationships are to be developed, professional expertise must be respected.
- h. **G M S L N** : If interprofessional relationships are to be developed, profession-specific responsibilities must be respected.
- i. **G M S L N** : The patient's right to decide what will happen to his/her body needs to be respected when healthcare professionals assert professional judgment.
- j. **G M S L N** : Healthcare practitioners have a professional responsibility to not misuse the authority to enable access to medicines supply.
- k. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have other healthcare professionals believe that they have been treated disrespectfully and complain about what they consider to be unreasonable behaviour.
- l. **G M S L N** : A healthcare professional's duty of care to his/her patient allows him/her to breach confidentiality.

***From the list (a) to (l) above, pick the three most and the three least preferred justification options:***

***Pick the 3 most preferred justification options:***

***Pick the 3 least preferred justification options:***

- |                                       |       |                                      |       |
|---------------------------------------|-------|--------------------------------------|-------|
| • <b>Most Preferred Option</b>        | _____ | <b>Least Preferred Option</b>        | _____ |
| • <b>Second Most Preferred Option</b> | _____ | <b>Second Least Preferred Option</b> | _____ |
| • <b>Third Most Preferred Option</b>  | _____ | <b>Third Least Preferred Option</b>  | _____ |

**IP ICM- 5 Primary Care Community Pharmacy: dispensing prescriptions: professional discretion or duty of care?**

IP ICM-5 Pharmacist to patient (Dietician)

31. Read the case study.
32. Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.
33. Rank what you consider to be the 3 most and 3 least preferable action options, in order of preference.
34. Rate the importance of each justification, in coming to your decision as to your most preferred action option, by circling your rating of 'justification' options.
35. Rank what you consider to be the 3 most and 3 least preferable justification options, in order of preference.

**Read the case study:**

Helen Grant is a Staff Pharmacist at a pharmacy in a large rural town. Helen recognises Charlie Daly, the Dietician from the nearby hospital, as he arrives into the pharmacy on a Sunday morning of a Bank Holiday weekend. He has a prescription for [amoxicillin 1g bd + clarithromycin 500mg bd x 14 days]. He mentions that he has 'esomeprazole 20mg at home' and will take it twice daily for 14 days. He hands Helen the prescription and she notes that the format of prescription is as per regulatory requirements and both items are in stock in the pharmacy.

The prescription has been written by his wife Eileen, who is a local Dentist well known to Helen.

On review of his medication record Helen notices that Charlie had the same combination of antibiotics dispensed 4 weeks previously, and also 4 months ago. As Charlie observes Helen reviewing the earlier prescriptions on his patient medication record, he cheerfully comments that if there is any issue with the prescription, his wife will provide the paperwork after they return from a short holiday the following Saturday.

Helen approaches him at the counter, thankful that there are no other customers in the pharmacy, and raises the issue of such frequent use of 'triple therapy'<sup>14</sup> (esomeprazole 20mg BD + amoxicillin 1g bd + clarithromycin 500mg bd x 14 days). Charlie replies that 'It's been a busy few months so my stomach has been a bit unsettled, but there's no need to be concerned – I'd know if I needed to get anything checked out'.

If you were Helen, how would you proceed?

**For your own records:**

**Individual Choices:**

**Action options three best: (1) ; (2) ; (3) ; Action options three worst: (1) ; (2) ; (3) ;**

<sup>14</sup> A valid first line option for treatment of Helicobacter Pylori (H.Pylori) is Triple therapy with esomeprazole 20mg (twice daily) + amoxicillin 1g (twice daily) + clarithromycin 500mg (twice daily) for 14 days. If this first line treatment does not clear the infection, therapy would generally be changed and/ or further investigations would be undertaken.

Justifications three best: (1) ; (2) ; (3) ; Justifications three worst: (1) ; (2) ; (3) ;

**IP ICM-5 Primary Care Community Pharmacy: dispensing prescriptions: professional discretion or duty of care?**

IP ICM-5 Pharmacist to patient (Dietician)

**Voiceover script for video:**

1. Helen Grant is a staff pharmacist at a pharmacy in a large rural town.
2. Helen recognises Charlie Daly, the dietician from the nearby hospital, as he arrives into the pharmacy on a Sunday morning of a bank holiday weekend.
3. He has a prescription for [amoxicillin 1g bd + clarithromycin 500mg bd x 14 days]. He mentions that he has 'esomeprazole 20mg at home' and will take it twice daily for 14 days.
4. He hands Helen the prescription and she notes that the format of prescription is as per regulatory requirements and both items are in stock in the pharmacy.
5. The prescription has been written by his wife Eileen, who is a local dentist well known to Helen.
6. On review of his medication record Helen notices that Charlie had the same combination of antibiotics dispensed 4 weeks previously, and also 4 months ago ...
7. As Charlie observes Helen reviewing the earlier prescriptions on his patient medication record, he cheerfully comments that if there is any issue with the prescription, his wife will provide the paperwork after they return from a short holiday the following Saturday.
8. Helen approaches him at the counter, thankful that there are no other customers in the pharmacy, and raises the issue of such frequent use of 'triple therapy<sup>15</sup>' (esomeprazole 20mg BD + amoxicillin 1g bd + clarithromycin 500mg bd x 14 days).
9. Charlie replies that 'It's been a busy few months so my stomach has been a bit unsettled, but there's no need to be concerned – I'd know if I needed to get anything checked out'.
10. If you were Helen, how would you proceed?

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<sup>15</sup> A valid first line option for treatment of *Helicobacter Pylori* (H.Pylori) is Triple therapy with esomeprazole 20mg (twice daily) + amoxicillin 1g (twice daily) + clarithromycin 500mg (twice daily) for 14 days. If this first line treatment does not clear the infection, therapy would generally be changed and/ or further investigations would be undertaken.

**Rate the importance of each action (a) to (l) below), in coming to your decision, by circling/  
highlighting your rating of 'action' options.**

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : A correctly written prescription has been presented. Supply, as per normal dispensing practice, [amoxicillin 1g (twice daily) + clarithromycin 500mg (twice daily) for 14 days] without further discussion.
- b. **HD D Q ND** : Attempt to further educate Charlie regarding the evidence base related to the use of [Triple therapy<sup>16</sup> for H.Pylori], and give him/her contact details for the Irish Helicobacter Pylori Working Group (IHpWG).
- c. **HD D Q ND** : Refuse to supply or to discuss the matter with Charlie as to do so would put a Pharmacist at risk of allegations of professional misconduct.
- d. **HD D Q ND** : Actively encourage Charlie to return to his family Doctor or Specialist, and offer to phone him/her, the following Tuesday, on behalf of Charlie.
- e. **HD D Q ND** : Advise Charlie that his right to do whatever he chooses is respected, but that continued use of the [Triple Therapy for H.Pylori ], will be more likely to do harm than good so it would be against the professional Code of Conduct to supply them to him on the basis of a prescription from his spouse.
- f. **HD D Q ND** : Report Eileen to the Dental Council of Ireland, the Regulatory Body governing Dentists in Ireland.
- g. **HD D Q ND** : Having confirmed that Charlie has no evidence of bleeding, tell him that Eileen's prescribing of treatment for H.Pylori infection to a family member is of concern and phone Eileen to say that as there have been two previous refills of the same prescription you cannot dispense the prescription for Charlie.
- h. **HD D Q ND** : Tell Charlie that he should visit his family Doctor or Gastroenterologist before any further prescriptions for these items could be dispensed.
- i. **HD D Q ND** : Phone another local Dentist whom you know to be a member of the Dental Council of Ireland for guidance regarding Eileen's behaviour.
- j. **HD D Q ND** : Tell Charlie that the clarithromycin<sup>17</sup> is not in stock.
- k. **HD D Q ND** : Dispense the prescription and phone Charlie's family Doctor or Specialist, at the earliest opportunity, to discuss Charlie's infection.
- l. **HD D Q ND** : Highlight to Charlie that repeated use of these antibiotics may indicate and/ or mask worsening of an underlying condition, so you must insist on getting a prescription from his family Doctor before supplying him anything further.

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<sup>16</sup> A valid first line option for treatment of Helicobacter Pylori (H.Pylori) is Triple therapy with esomeprazole 20mg (twice daily) + amoxicillin 1g (twice daily) + clarithromycin 500mg (twice daily) for 14 days. If this first line treatment does not clear the infection, therapy would generally be changed and/ or further investigations would be undertaken.

<sup>17</sup> Community Pharmacies might carry small stock levels of clarithromycin, so it is possible that a pharmacy might be 'out of stock' of this item.

From the list (a) to (l) above, choose what you consider to be the 3 most and 3 least preferred action options.

*Pick the 3 most preferred action options:*

*Pick the 3 least preferred action options:*

- |                                |       |                               |       |
|--------------------------------|-------|-------------------------------|-------|
| • Most Preferred Option        | _____ | Least Preferred Option        | _____ |
| • Second Most Preferred Option | _____ | Second Least Preferred Option | _____ |
| • Third Most Preferred Option  | _____ | Third Least Preferred Option  | _____ |

Rate the importance of each justification, in coming to your decision regarding your MOST preferred action option, by circling/ highlighting your rating of 'justification' options.

**G = Great            M = Much            S = Some            L = Little            N = No**

- a. **G M S L N** : A Pharmacist's colleagues would not approve of his/her refusal to dispense a prescription written by a (local) Dentist.
- b. **G M S L N** : A Dentist's colleagues would not approve of him/her writing prescriptions for his/her spouse.
- c. **G M S L N** : The supply of medicines in these circumstances could lead to allegations of professional misconduct, and being called before the Regulatory Body's disciplinary committee(s).
- d. **G M S L N** : The power balance between the authority to prescribe and the authority to dispense/ supply medicines must be respected.
- e. **G M S L N** : A healthcare professional has a duty to alert the Regulatory Body to knowledge 'gaps' so that appropriate Continuing Professional Development can be arranged.
- f. **G M S L N** : The patient doesn't appear to understand the potential gravity of the healthcare situation he faces or the implications of failing to access medical/specialist advice.
- g. **G M S L N** : If interprofessional relationships are to be developed, professional expertise must be respected.
- h. **G M S L N** : If interprofessional relationships are to be developed, profession-specific responsibilities must be respected.
- i. **G M S L N** : The patient's right to decide what will happen to his/her body needs to be respected when healthcare professionals assert professional judgment.
- j. **G M S L N** : Healthcare practitioners have a professional responsibility to not misuse the authority to enable access to medicines supply.
- k. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have other healthcare professionals believe that they have been treated disrespectfully and complain about what they consider to be unreasonable behaviour.
- l. **G M S L N** : A healthcare professional's duty of care to his/her patient allows him/her to breach confidentiality.

*From the list (a) to (l) above, pick the three most and the three least preferred justification options:*

*Pick the 3 most preferred justification options:*

*Pick the 3 least preferred justification options:*

- |                                |       |                               |       |
|--------------------------------|-------|-------------------------------|-------|
| • Most Preferred Option        | _____ | Least Preferred Option        | _____ |
| • Second Most Preferred Option | _____ | Second Least Preferred Option | _____ |
| • Third Most Preferred Option  | _____ | Third Least Preferred Option  | _____ |

