Thank you for downloading this PlayDecide game.

The PlayDecide discussion game allows to talk in a simple, respectful and fact-based way about controversial issues.

The game enables players to get familiar with a question, see it from different perspectives and **form or clarify their own opinion**. PlayDecide also invites players to **look at issues as a group**: can you reach a positive consensus? The game **culminates in a vote** on a number of proposed policy positions.

A PlayDecide session lasts approximately **90 minutes** in total. The ideal number of players is 4 to 8: form several parallel groups if there are more than 8 players.

This pdf contains **all the necessary elements for a group of up to 8 people**. Each player needs a placemat and a copy of the visual instructions. The group shares all the other cards.

The game needs a **facilitator** who takes the time to get familiar with the flow and contents of the game before playing. As a facilitator, you'll find instructions at www.playdecide.eu, where you can also use an online tool to plan your session, guide your group while playing, record vote results and compare them with all other sessions of this game played in the world.

You can also create your own games using the PlayDecide template or translate existing games into your own language.

Enjoy!

For any question or information, ask the community via the PlayDecide Facebook page or email info@ecsite.eu.

Instructions

1 / **Preparation.** You will find step by step online support for facilitators on the PlayDecide website: if you wish to use it, log in at www.playdecide.eu and choose “plan a session”.

Print out your cards and placemats (from p.4 to the end of this pdf) following the print specifications indicated at the bottom of each page.

This pdf contains all the necessary elements for a group of up to 8 players. If you have more participants, divide them into parallel groups and print more copies.

Each player needs a placemat (p.4) and a copy of the visual instructions (p.5). The group shares all other cards. Provide pens and pencils for all.

For best printing results, use 160g/m2 paper. You need:

- One A3 white paper sheet per player for the placemats
- 15-20 white A4 sheets in total for visual instructions, story cards, white cards, cluster mats and vote results sheets
- 3-4 green A4 sheets in total for info cards
- 3-4 blue A4 sheets in total for issue cards
- 2 orange A4 sheets in total for challenge cards
- 1 yellow A4 sheet in total for yellow cards

Cut out the cards.

2 / **Getting started.** From start to finish, the game will take about 90 minutes to play.

As a facilitator, you can **log onto the www.playdecide.eu website to plan your session** and use the facilitator’s tool during the game. As you press “start”, a timer is launched and instructions take you through the different stages of the game, all the way to recording and sharing the results of your session.

All players have a placemat in front of them. There are **different types of cards** that will gradually **fill up the placemats**.

The facilitator talks the players through the flow of the game and its three main stages using the visual instructions. He or she points out the **aims of the game**.

Before the first phase starts, the facilitator reminds all players about the conversation guidelines (bottom left on their placemat) and hands out the **yellow cards**. Anyone can raise a yellow card to pause the discussion in case they feel someone is not respecting the guidelines. When the issue is solved, the discussion resumes. On the top right of the placement there is a space for personal notes and ‘initial thoughts’.

3 / **Game phase 1: Information.** This part of the game takes approximately **30 minutes**.

In this stage players get familiar with the issue, see it from different perspectives and **form or clarify a first personal opinion**. At the end of this stage, **each player has one or two of every kind of card on her or his placemat**.

1. All players read the **introduction** (top-left of their placemat).
2. All players read a few **story cards**. They each choose one they find significant and put it on their placemat. Each player briefly summarizes their story card to the group.

3. All players exchange and read **info cards**. They each choose two they find significant and put them on their placemat. Each player briefly summarizes their info cards to the group.
4. All players read **issue cards**. They each choose two they find significant and put them on the placemat. Each player briefly summarizes their issue cards to the group.

Players can use the white cards at any time to add information and issues if needed.

4 / **Game phase 2: Discussion.** This part of the game takes approximately another **30 minutes**.

In this stage, players **share their first opinion with others and refine their point of view** as they hear different arguments and perspectives. Players use the cards gathered in the first stage to sustain their arguments.

There are **different ways to discuss**. Choose one that fits the character of the group.

- You may use the 'Free form': no restrictions, the discussion flows among the players. Everyone tries to respect the guidelines (if not the yellow cards can be used).
- A more structured way to discuss is to 'talk in rounds'.

If the discussion is difficult or it slows down, **challenge cards** might loosen things up. The facilitator hands them out face down. Players read them aloud and take action.

Players can record the discussion by **making clusters** around the themes that reflect the group's vision. All types of cards can be used to make a cluster. Use the cluster mats provided in this pdf if you choose this option.

5 / **Game phase 3: A shared group response.** This last part will take approximately **20 minutes**.

This stage invites players to **look at issues as a group**: what opinions are present in your group? Can you reach a positive consensus on a position?

1. Everybody reads the **policy positions** again.
2. Try to look for common ground. Is there a policy position you can all live with? If not, try as a group to formulate your own 'fifth policy'.
3. All players **vote individually** in turn on all policies.
4. **Votes are recorded** on the printed voting sheet or directly online if you're using the facilitator's tool that provides a nice visual summary and allows you to compare your group's results with that of other players around the world.

6 / **Upload results.** If not done during the session, the facilitator logs in at www.playdecide.eu and transfers the results from the voting sheet to the website. Your results will be added to the results of all other sessions played in the world and available to download as a spreadsheet.

Teamwork and Collaboration in an Acute Hospital: Beaumont version

Collaboration and teamwork is one of the eight domains of good professional practice listed by the Irish Medical Council. It requires that doctors co-operate with colleagues and work effectively with healthcare professionals from other teams and disciplines. This can be challenging particularly in the acute hospital setting. Conflicts can arise readily in a high pressure environment. Bullying and harassment are frequently identified as a source of distress among medical trainees. The aim of this discussion-based game is to raise awareness around issues relating to teamwork including identifying strategies to identify and deal with bullying and harassment. We will treat any information disclosed during the discussion as strictly confidential unless there is a serious health or safety concern. We ask that you do the same.

Positions

1. We should adopt a zero tolerance approach. Medicine is a stressful profession, we need to take care of our mental health and well-being, and taking serious steps to address bullying, undermining behaviours and harassment are key to this. All incidents of inappropriate behaviour should be dealt with formally, and staff affected should be offered the appropriate supports. Formal procedures will ensure everything is transparent and done properly.
2. We each need to take the responsibility as individuals to help solve this problem. We should all reflect on our interactions with other staff members. If we all take personal responsibility and make a conscious effort to always be respectful in our dealings with others, then bullying and harassment will become things of the past. At the very least, I can set a good example for those around me.
3. There is little point in reporting incidents of bullying, undermining behaviour and harassment. At best, nothing will happen, at worst you could be victimised and your career ruined. Medicine is and always has been a rigid hierarchy; you can't complain about your seniors and then expect to get a good reference. And anyway, why should the burden of dealing with this problem fall on the victims? We should find other ways to deal with this issue
4. Problems around bullying and harassment are often over-stated. As medics, we are constantly exposed to challenging behaviours, not just from staff but from the public as well. It's just what happens when you work in a high-pressure environment and learning to deal with this is part of being a doctor. We need to be resilient and take negative feedback and criticism on board, even if we don't agree with how it has been delivered.

Aims of the game

- Get familiar with this question and see it from different perspectives
- Form or clarify your own opinion
- Work towards a shared group vision
- Vote on policy positions, share your results and compare them with the opinions of others who played the same game elsewhere in the world

Story Card

Info Card

Info Card

Initial Thoughts

Write down your initial thoughts, use White cards to add issues

.....

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.....

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.....

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Issue Card

Issue Card

Challenge Card

Guidelines

You have a right to a voice: speak your truth.
But not the whole truth: don't go on and on.

Value your life learning. Respect other people.
Allow them to finish before you speak.

Delight in diversity.
Welcome surprise or confusion as a sign that you've let in new thoughts or feelings.

Look for common ground.
'But' emphasises difference; 'and' emphasises similarity.

Three stages

1. Information. *Clarify your personal view on the subject, reading and selecting the cards which you feel are most important for you. Place your cards on the placemat and then read them aloud to the other players.* **± 30 min**

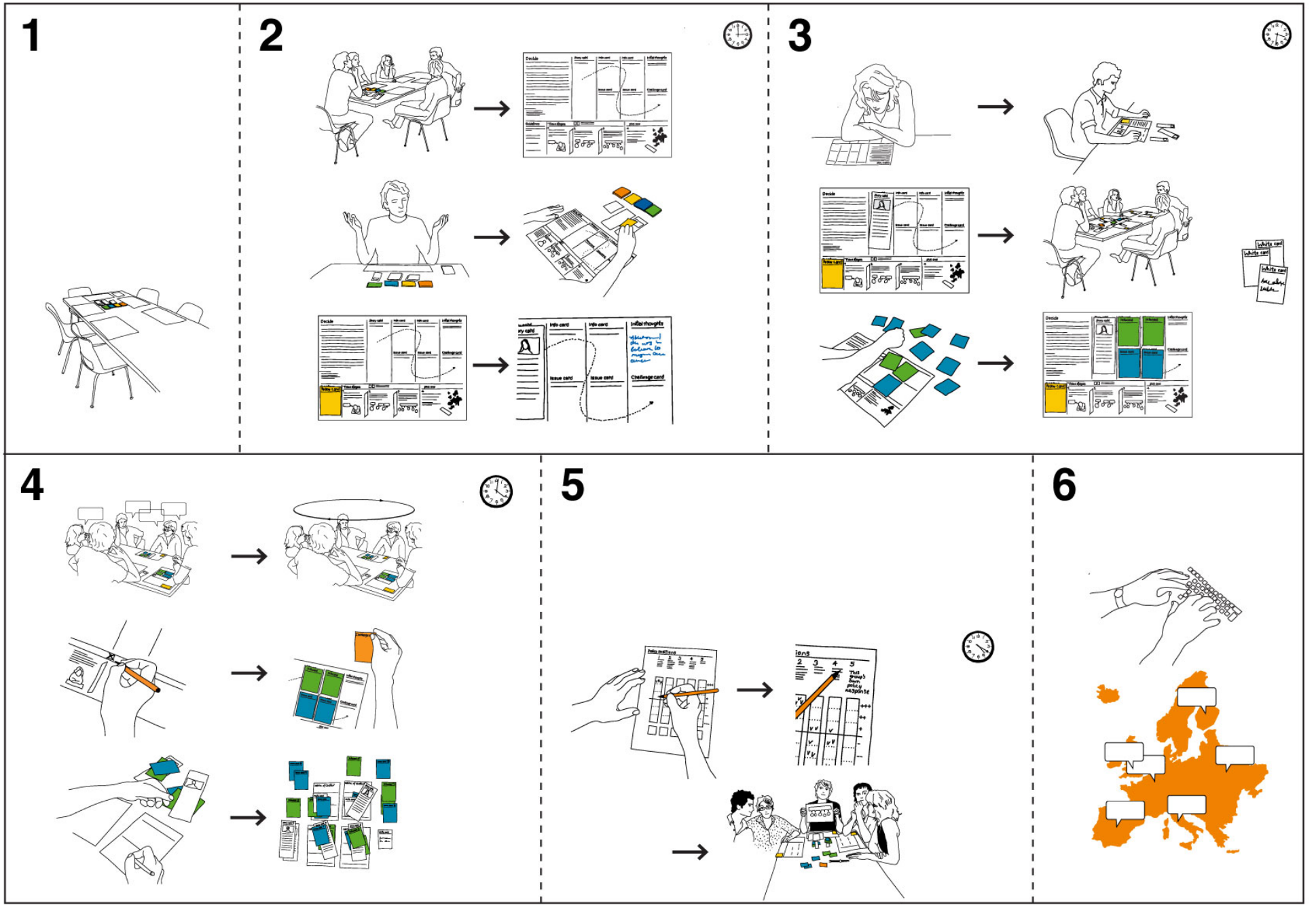
2. Discussion. *Together with the other players, start discussing. Everyone gets a chance to speak. Use your cards to provide arguments. As a group, identify one or more larger themes that you all feel relevant.* **± 30 min**

3. Shared group response. *As a group, go back to the proposed positions. Can you reach a positive consensus? You can formulate a new common policy if you wish. All vote individually on each position.* **± 20 min**

. . . plus one

4. Sharing. *Go to www.playdecide.eu to share the results of your group and see how other people who played this game voted. You can also download a game to play with your friends or colleagues or create your own game.*

PRINT one-sided, black ink, on **white A3 paper**. One per player.



PRINT one-sided, preferably colour ink, on **white A4 paper**. One per player.

Info Card 1

Duty of care

Employers have a Duty of Care to all employees, to ensure they are both mentally and physically safe at work and that their health is not adversely affected by work.
The Safety, Health and Welfare at Work Act, 2005 requires employers to manage and conduct work activities in such a way as to prevent, as far as is reasonably practicable, any improper conduct or behaviour likely to put the safety, health and welfare of employees at risk.

Info Card 2

Who is responsible for a respectful workplace?

Every employee has a duty to maintain a working environment in which the dignity of everyone is respected.
The Safety, Health and Welfare at Work Act, 2005 requires employees not to engage in improper conduct or behaviour that is likely to endanger their own safety, health and welfare at work or that of any other person.

Info Card 3

Prevalence of trainee bullying

In one Irish survey, the prevalence of bullying was found to be higher among interns (29% reported being bullied at least once per month or more frequently) and lower among GP and higher specialist training programmes (7% to 17% reported being bullied at least once per month or more frequently).

Source: Irish Medical Council, Your Training Counts 2015

Info Card 4

Sources of trainee bullying

In one Irish survey, interns reported that 52% of bullying came from a nurse/midwife while 39% came from more senior doctors.
Those on higher specialist training programmes reported that 23% to 29% of bullying came from a nurse/midwife while 25% to 44% came from a Consultant/GP.

Source: Irish Medical Council, Your Training Counts 2015

Info Card 5

Bullying can adversely affect mental health

Research has shown that workplace bullying is a source of distress and poor mental health. 33% of patients with mood disorders attribute the problem to their work situation, making this the most common self-reported cause of depression. In addition to depression, there are positive associations between bullying and anxiety, stress-related psychological complaints and in the longer term, PTSD.

Source: Verkuil B et al, PLOS One, 10(8)

Info Card 6

Dignity at work policy

The policy, which is HSE wide, promotes and maintains a respectful and dignified workplace: it details the responsibilities of all parties in this respect, outlines definitions and examples of behaviours, and sets out procedures for dealing with dignity at work issues.

Info Card 7

What is bullying

The Dignity at Work Policy defines bullying as "Repeated inappropriate behaviour by one or more persons which could reasonably be regarded as undermining a person's right to dignity at work"
Bullying behaviour usually takes place over time, is specifically targeted, and is regular and persistent.
Legitimate management, including fair and constructive criticism, is not considered bullying.

Info Card 8

Examples of bullying behaviour (1)

Examples of behaviour that may constitute bullying, as listed in the Dignity at Work Policy, include:
1. Constant humiliation, ridicule, belittling efforts - often in front of others
2. Verbal abuse including shouting, use of obscene language and spreading malicious rumours
3. Persistently and inappropriately finding fault with a person's work and using this as an excuse to humiliate the person rather than trying to improve performance

Info Card 9

Examples of bullying behaviour (2)

Examples of behaviour that may constitute bullying, as listed in the Dignity at Work Policy, include:
4. Showing hostility through sustained unfriendly contact or exclusion
5. Inappropriate overruling of a person's skills and capabilities without prior discussion or explanation
6. Constantly picking on a person when things go wrong even when s/he is not responsible

Info Card 10

What is harassment?

The Dignity at Work Policy defines harassment as "Any form of unwanted conduct relating to any of the nine discriminatory grounds with the purpose/effect of violating person's dignity or creating intimidating, hostile, humiliating or offensive environment". The unwanted nature of conduct is important but motive is not – it's the effect.

Info Card 11

What are the nine grounds of discrimination?

The nine discriminatory grounds covered by employment equality legislation are: gender, civil status, family status, sexual orientation, religion, age, disability, race, and membership of the traveller community.

Info Card 12

What is sexual harassment?

The Dignity at Work Policy defines sexual harassment as "Any form of unwanted conduct of a sexual nature which has the purpose/effect of violating person's dignity or creating intimidating, hostile, degrading, humiliating or offensive environment". The unwanted nature of the conduct is important but motive is not – it's the effect

Info Card 13

The three categories of sexual harassment

They are: gender based (making crude or sexist remarks or sharing sexist imagery); unwanted sexual attention (verbal or physical); sexual coercion (favourable treatment is contingent on sexual activity). The prevailing cultural narrative focuses on the second two but the vast majority of harassment falls under the first category. Harassment can be ambient, as opposed to directed at an individual.

Source: Dzau et al, NEJM Oct 2018

Info Card 14

Sexual harassment is found to be particularly prevalent in medicine

Based on over 30 years of research, it is known that sexual harassment is more likely to occur in environments that are male-dominated, where hierarchical or dependent relationships between faculty and trainees are enforced, and where training environments may be isolating. And unlike trainees in other areas, medical trainees are exposed to potential harassment from a whole other population - patients and their families.

Source: Dzau, NEJM

Info Card 15

Hospital Management responsibilities

Hospital management must ensure that adequate resources are made available to promote respect and dignity in the workplace and to deal effectively with complaints of bullying and harassment.

Info Card 16

Responsibilities of managers

Managers (including consultants) must make every effort to ensure that bullying and harassment does not occur.
Managers are obliged to promptly deal with incidents of bullying and harassment that they are aware of or ought to be aware of

Info Card 17

Mediation

Mediation is the "preferred method" for resolving complaints under the Dignity at Work Policy.
The objective is to resolve matter quickly (to reach accommodation and restore good working relations) without conflict and without formal investigation.
It requires the voluntary participation of all parties.
The mediator is independent and is professionally trained.

Info Card 18

Supports available: Support Contact Person

Support Contact Persons are hospital employees who are available to provide confidential support and outline options to employees who may have Dignity at Work issues.
They assist the employee in making an informed choice: however they cannot act as a representative for the employee.
Their contact details are available on the hospital intranet.

Info Card 19

Supports available: Occupational Health

An Occupational Health Physician is available on site to provide specialist advice to individual employees and to hospital management on all matters relating to health and safety.
Managers can refer employees to this service or employees can self-refer.

Info Card 20

Supports available: Free counselling service

The hospital provides a free, confidential and independent counselling service for all employees called Inspire. This service is contactable on 1800 117700.

Info Card 21

Supports available: Intern network team and tutors

Part of the role of the Intern Network Team is to provide support to interns in difficulty. The Intern Network Coordinator, Intern Tutors and Intern Lecturer/Registrar are readily available to offer advice and support.

Info Card 22

A grievance (1)

A grievance is a complaint an employee has concerning his or her terms and conditions of employment, working environment or working relationships.
The employee should raise an informal complaint in the first instance before invoking the formal grievance procedure if needed (which usually allows the issue to be resolved promptly and without impact on patient care).

Info Card 23

A grievance (2)

Types of issues that may constitute a grievance include:
1. Allocation of work
2. Assignment of duties
3. Rostering arrangements
4. Access to courses/training
5. Relationships with work colleagues
6. Organisational change/new work practices

Info Card 24

Wellbeing in the workplace

As doctors we not only have a duty of care to our patients but also to ourselves and each other. If we are to function well as doctors (and people) it is important to address any health issues that arise including mental health. The importance of looking after our own wellbeing cannot be understated.

Issue Card 1

Witnessing bullying behaviour

What is the best approach if you witness bullying or undermining behaviour? Should you ever report an issue on someone else's behalf?

Issue Card 2

Effects on patients

Are patients sensitive to a dysfunctional team? How might their care be affected and what can we do to avoid this?

Issue Card 3

The media effect

It seems like there's a backlash against the medical profession currently in Ireland and the media seems keen to report stories that make doctors look bad. Does this affect our working relationships with other healthcare professionals?

Issue Card 4

The impact of social media

The rise of social media means that the workplace frequently spills over into our home time and personal lives. Does this make us more efficient, better doctors? What effect might this have on our wellbeing?

Issue Card 5

Is bullying always perpetrated by seniors against juniors?

Can a junior team member ever bully a more senior one e.g. can an SHO bully a Reg?

Issue Card 6

Doctors as leaders

Doctors receive little formal training on leadership skills. Most of what is learned is through observation of seniors. Is this appropriate? Is leadership something that can be formally taught and if so, how?

Issue Card 7

Understanding between healthcare professionals

Do the different healthcare professionals understand each other's workload properly? Does this affect how they interact with one another?

Issue Card 8

NCHD workload and its impact on the ability to tackle issues

NCHDs are particularly vulnerable because they are overworked so they don't have the time or the energy to report inappropriate behaviour. They often start work before 9 and finish after 5, there might be no time for lunch let alone calling HR during office hours to report bullying or sitting down with someone to discuss their behaviour.

Issue Card 9

NCHD movement and its impact

NCHDs are vulnerable because they move around so frequently. Some people don't care about maintaining a good relationship with NCHDs because they know they'll be gone soon, and that NCHDs will put up with inappropriate behaviour in the short term rather than report it.

PRINT one-sided, black ink, on **blue A4 paper**. One copy of this page per group of players.

Issue Card 10

Use of the term "bullying" as a weapon

The term “bullying” is used by some as a weapon. Disagreements can turn into accusations of bullying in an attempt to win the argument by silencing the other party, or to get revenge for a perceived or actual insult.

Issue Card 11

Face to face discussions

Will attempting to discuss the issue directly with the other person involved always be the best way to resolve the situation?

Issue Card 12

The importance of context

Is it fair to say that context is important: i.e. should we ‘make allowances’ for inappropriate comments made in pressure situations, especially if similar comments have been previously made by the same person.

Issue Card 13

Informal vs Formal resolution

Why is the emphasis of the Dignity at Work Policy on resolving the issue at the lowest level possible? If the employer has a duty of care and states that they take these issues seriously, should they not be dealing with respect/dignity issues as formally as possible?

Issue Card 14

The right to mediation

Mediation, under the Dignity at Work Policy, requires the voluntary participation of both parties and will not be undertaken if one party is not agreeable: this is not fair, if I want to have my issue dealt with I should have a right to mediation.

Issue Card 15

Experienced nurses

Some nurses/CNMs have quite a lot of experience in their area: it is perfectly legitimate for them to provide information and give direction to new doctors.

Issue Card 16

Report from the Mid-Staffordshire Inquiry

“A lot of bullying is thought by a lot of the people who perpetuate it to be legitimate pressure to get a job done… it doesn’t get the job done, and it certainly doesn’t get the job done well”.
R Francis, QC, Chair of Mid-Staffordshire Inquiry
Source: BMJ Sept 2018

Issue Card 17

Staff retention

The HSE is facing a staffing crisis at the minute. Junior doctors who have been the victims of bullying are more likely to want to leave the country to escape the treatment they have experienced, or the potential victimisation that can occur. On the other end of the scale, you have consultants who know that they are virtually irreplaceable – and hence can get away with inappropriate behaviour.

Issue Card 18

Reporting bullying

Does the system work? Will anything actually change if you report bullying? Is there a risk to your own career progression?

Issue Card 19

Where do bullies come from?

Are doctors who experience bullying themselves more or less likely to perpetuate this behaviour as they progress through their career? Are bullies products of their environment or do some people just have bullying in their nature?

Issue Card 20

The collaborative workplace

“The collaborative workplace yields a sense of happiness, joy, harmony, kindness, politeness, cooperation and facilitation in the workplace.”
Is this an achievable goal for the acute hospital in modern Ireland? Have we already achieved it in some areas?
Source: Anjum et al, Int J Environ Res Pub Health 2018

PRINT one-sided, black ink, on **blue A4 paper**. One copy of this page per group of players.

Guidelines Yellow Card!

Use the yellow card to help the group stick to the guidelines. Wave it if you feel a guideline is being broken or if you do not understand what is going on.

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PRINT one-sided, black ink, on **yellow A4 paper**. One copy of this page per group of players.

Challenge Card

Pick a story card. As the character on your story card, present to the group your views on this topic.

Challenge Card

Does this have an impact on nature? Let the group know what you think.

Challenge Card

Express any feelings on the subject that you have not yet expressed to the group.

Challenge Card

Is the group 'being polite' and not talking about a 'taboo' issue in relation to this subject? If so, say 'We're not talking about ...' and start the conversation.

Challenge Card

Can we justify spending money on this research given the inequalities in health care between Europe and developing countries?

Challenge Card

Do you think that human needs are more important than the needs of those without a voice- nature, animals, embryos?

Challenge Card

"We should maximise human life and pursue all avenues of research to help people who are ill."
Do you agree with this statement?

Challenge Card

Pick a Story Card and select one that is different from your own viewpoint. Tell the group how you think your own views are similar and different to the character.

Challenge Card

Find out what the person on your right hand side feels on this subject. Find an argument to support their opinion.

PRINT one-sided, black ink, on **orange A4 paper**. One copy of this page per group of players.

Challenge Card

Find out what the person on your left hand side feels on this subject. Play devil's advocate (disagree with) their viewpoint.

Challenge Card

Pick a Story Card character that is distant from your own viewpoint. As that character, briefly tell the group your opinion on what you are discussing.

Challenge Card

Are there any risks involved here? Think of a risk, tell the group, and ask two other players if they can think of another one.

Challenge Card

Imagine what your grandparents would say about this topic! Share it with the group.

Challenge Card

Explain briefly to your fellow players what you think could be the effect on future generations.

Challenge Card

What do you think the media would make of all this?

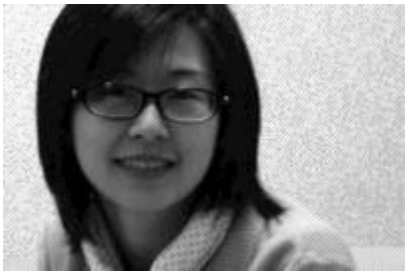
Challenge Card

Tell the group who you think pays (in terms of resources, or consequences), and in what ways.

PRINT one-sided, black ink, on **orange A4 paper**. One copy of this page per group of players.

Story Card 1

Aliya is a surgical SHO on the BST scheme



Aliya is assisting in theatre during a routine hernia operation. She is asked to close the patient's wound by the male operating surgeon. Immediately upon starting she is verbally berated by the surgeon for her poor technique in front of the entire operating theatre staff and insulted for her appearance. He orders her to stop and check on the patients in theatre recovery, "if she can even do that". This is not the first time he has spoken to Aliya in this manner.

Story Card 2

Matt is a cardiology SHO

On a cardiology ward round, Dr Gallagher, the consultant, asks why a patient's central line has not been removed. Matt explains the patient requires intravenous diuretics, and peripheral access is unobtainable. The cardiologist is displeased but agrees it should be left in. Two days later Dr Gallagher rounds again, and berates her team for not having removed the central line two days previously as directed.

Story Card 3

Eoin is a GP trainee

Eoin has started a medicine rotation, and his performance is substandard. He refuses to engage constructively with his team in improving his performance, routinely leaving jobs undone, arriving late, not answering calls during work and leaving early without informing his team. There have been no adverse patient events yet, as his team are covering for him. The team have highlighted this with the consultant, yet there have been no consequences to his actions.

White Card

White Card

White Card

PRINT one-sided, black ink, on **white A4 paper**. One copy of this page per group of players.

Story Card 4

Jen is a student nurse on a busy surgical ward

Jen is bleeping the NCHDs inappropriately on the ward, contravening the hospital's bleep policy. The volume of calls is impacting on the team's ability to perform their jobs. Aine, the surgical registrar, speaks with the ward CNM discreetly, and asks her to explain the hospital's bleep policy to Jen, however the CNM reacts poorly and accuses Aine of being a bully.

Story Card 5

Sinead is an SpR on the cardiology team

Sinead is looking after an elderly man with advanced CCF. The consultant wanted to discharge him on Friday but later Sinead became aware of a complete lack of home supports and decided it would be unsafe to discharge him. On the Monday morning ward round, the consultant questioned why the patient was still there. Sinead explained but he interrupted her and said “That was very poor decision-making. You will never progress if you keep this up”.

Story Card 6

Ravi is the ENT intern

Mary is a nurse on the ENT ward. Mary has bleeped Ravi three times about a discharge letter but he is still on the ward round and has said he will get to it when he can. Mary is not satisfied and has threatened to do an incident report form if Ravi doesn’t do the letter in the next 15 minutes. Last week, Ravi overheard Mary complaining openly that the standard of interns seems to be very poor this year.

White Card

White Card

White Card

PRINT one-sided, black ink, on **white A4 paper**. One copy of this page per group of players.

Story Card 7

Joanne is an intern on a busy surgical team

Joanne’s co-intern has been on sick leave for the past few weeks and she has been struggling to manage the workload alone. The other NCHDs on the team are either in theatre or clinic and do not share her workload. The senior NCHDs seem dissatisfied with her performance but haven’t said anything to her. Last week one of the SHOs commented out of the blue "I hope you're not relying on getting a good reference from this job". Yesterday she saw the registrar timing her doing a task.

Story Card 8

Anne is the new urology intern

Sylvia is a senior radiographer in the CT department. Anne’s consultant wants a CT to be done urgently but didn’t explain why. Anne books the CT and marks it “Urgent”. Sylvia bleeps Anne to determine why it needs to be urgent. Anne is very busy and not happy to be bleeped. She also doesn’t know the answer. She responds “because the consultant said so” and hangs up.

Story Card 9

Dan and Martha are co-interns on a busy surgical team

They split the patients between them with Dan covering the main ward and Martha covering peripherals. Dan always leaves work late. The main ward has more complex patients than the peripherals but Martha thinks Dan is just slow and complains about him to some of the other interns. One day Dan’s SHO and Reg are away. He asks Martha for help. Martha rolls her eyes and mutters “for God’s sake” before grudgingly agreeing to help.

White Card

White Card

White Card

PRINT one-sided, black ink, on **white A4 paper**. One copy of this page per group of players.

Story Card 10

Dinesh is a colorectal intern

He frequently has to go to radiology to discuss scans with the registrars. One registrar, Clare, is always very rude to Dinesh. The team need an urgent CT abdomen on a patient with suspected mesenteric ischaemia. Dinesh sees Clare is on CT for the morning so he waits until the afternoon to request the scan. In the meantime the patient deteriorates and develops an AKI.

Story Card 11

Conor is a medical registrar working in a large urban hospital

The NCHDs do five consecutive nights on call. Every time Conor is on he takes 10 minutes to meet the interns in the res on the first night. As a result the interns feel reassured and less worried about calling him. The other regs think this makes life more difficult because he will get more calls but he prefers it this way.

Story Card 12

Julia is the oncology SHO

She is looking after a 58 year old man with end stage NSCLCa. His son, John, visits him every day. John has made some unwanted comments to Julia of a sexual nature, he has also sent her a friend request on Facebook. Julia feels uncomfortable but also feels sorry for John because his father is dying and she doesn't want to upset him further. She also doesn't want to jeopardise the good rapport the team have with the patient and family.

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Story Card 13

Naomi is a surgical intern in her third week of the post

Naomi was accompanying the MDT on a ward round. When reviewing a patient with post op sepsis the consultant asked her if the results of the CT abdomen were back yet. She replied that the scan was not done but before she could explain that this was due to a decommissioning of one of the CT scanners, he replied: “when you want something done right you have to do it yourself”. The rest of the team laughed.

Story Card 14

Mohammed is an SHO working in a small hospital

Mohammed has worked in this hospital for ten months. From the start, random comments would be made by various employees relating to his background. As a new member of staff, he wished to fit in and didn’t say anything. However these unwelcome comments have continued and he would now like them to stop. He feels that if he says anything now, his colleagues will take it personally and ask him what his problem is.

Story Card 15

Thomas is a Respiratory Registrar

Thomas was half way through an out-patients clinic when he received a bleep from Mary, CNM II on the respiratory ward: she informed him that a patient he reviewed that morning had deteriorated and she requested that he immediately attend to the ward. Thomas explained that he was currently assigned to an out-patients clinic and before he could inform her of the name of the Registrar on call for that ward she became very aggressive and said that he was a disgrace: she then hung up the telephone. This is not the first time that Mary has been aggressive towards Thomas.

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Story Card 16

Candice is a plastics SHO

The Senior Registrar on the team has made unwelcome advances. Candice has politely declined but the behaviour has continued. Candice wants to specialise in plastic surgery. The Senior Registrar appears to get on very well with the consultants. She worries that if she makes a formal complaint, he will make life very difficult for her and perhaps even impede her career progression.

Story Card 17

Jim's father is a patient under the renal team

Jim has been present on the ward during the team ward rounds. He has seen the consultant openly berating more junior members of the team in what he sees as a cruel and aggressive manner. Jim worries about the care his father is receiving: on the one hand the consultant may not be a kind person but he also worries that perhaps it is the team who are not up to scratch. Either way, the team do not appear to be working well together.

Story Card 18

Selena is a student nurse on her first hospital placement

Two weeks into her placement on an extremely busy vascular surgery ward, Selena has been witness to several inappropriate interactions between staff. She is shocked at how staff speak to each other and has started to question her career choice. She doesn't think she would be able to work in such a hostile environment.

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Story Card 19

James is a medical intern on rotation to a peripheral hospital

James realised that he was doing call more than his colleagues so he spoke to the registrar in charge of the rota, who reacted badly. James feels that since then, there has been a change in atmosphere within the department: it was suggested that he wasn't pulling his weight, even though he was working proportionally as much on-call as anyone else. He did not mention anything as his rotation was almost over.

Story Card 20

Edel is an intern on her first surgical rotation

While admitting a patient for elective surgery, the patient complained of severe headaches of recent onset. She also gave a history of an unwitnessed fall at home. Edel suggested to the senior registrar that they conduct a CT Brain. In front of the patient he told her she wouldn't last long as a surgical doctor if she was to investigate every presenting condition. The scan was never ordered.

Story Card 21

Igor is a medical intern in a large urban hospital

One night on call he received a bleep about a patient who had fallen. He was covering 12 wards that night. GCS and vital signs were stable, so he prioritised other critical work. The nurse bleeped Igor an hour later to say the patient's BP had dropped significantly but GCS was 15. He was reviewing an unstable patient with chest pain at the time. 30 mins later he received another bleep from the nurse to say she had written an incident report because he did not review the patient.

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Story Card 22

Rasheed is a cardiothoracics intern

Rasheed was asked by the nursing staff to consent a patient for a procedure he was not familiar with. He phoned his SHO to explain that as per hospital policy interns are not permitted to take consent for procedures they are unfamiliar with. The SHO had to leave surgery to come and consent the patient. As he was passing Rasheed on the corridor he said that in Irish hospitals we need to work together as a team and that his previous intern never had a problem with this.

Story Card 23

Siobhan is an SHO on the ID team

She is interested in a career in ID and had just completed an audit on PCP. While on a ward round one day she challenged her consultant's treatment plan as there was new evidence from her audit findings to suggest otherwise. He was not happy and informed Siobhan that 'Ireland has a very small ID niche you know'. She was relying on his reference for her HST application.

Story Card 24

John is a surgical trainee to a peripheral hospital

Since taking on this surgical rotation, he feels like he is allocated more work than his colleagues who are non-scheme SHOs. His consultant constantly loads the work on him, especially when it is near end of his shift. Out of the 3 SHOs on the team, he has to do all the admissions and discharges as well as call more frequently. When he brings it up with his SHO colleagues they tell him to get on with it and that the particular consultant is notorious for her treatment of NCHDs but leads her field nationally.

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Story Card 25

Jennifer is a medical intern on her first rotation

Her consultant frequently asks her questions about specific conditions and treatments while on ward rounds, in front of the whole team and patient. On one occasion, Jennifer became so anxious that she wouldn't know the answer that she had to leave the ward round. When the nurses showed concern about her, the consultant said that she needed to learn on the job and that was how he had learned.

Story Card 26

Caoimhe is an intern on the neurology team

One of her jobs is to arrange CT/MRI/Interventional radiology for her patients. Each time this occurs, the consultant neuro-radiologist, Dr O'Neill, always makes her wait until the very end of his shift before he will discuss the patient. This often involves Caoimhe waiting outside Dr O'Neill's office for lengthy periods on a busy corridor. When Caoimhe finally get to discuss the patient, Dr O'Neill grills her on every detail and frequently contacts the registrar to confirm if the patient actually REALLY needs the procedure.

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Name of cluster:

Which conclusions does this cluster lead you to?

Cards in this cluster:

Info Card	Issue Card	Story Card	White Card

Name of cluster:

Which conclusions does this cluster lead you to?

Cards in this cluster:

Info Card	Issue Card	Story Card	White Card

Name of cluster:

Which conclusions does this cluster lead you to?

Cards in this cluster:

Info Card	Issue Card	Story Card	White Card

Policy positions for Teamwork and Collaboration in an Acute Hospital: Beaumont version

1
We should adopt a zero tolerance approach. Medicine is a stressful profession, we need to take care of our mental health and well-being, and taking serious steps to address bullying, undermining behaviours and harassment are key to this. All incidents of inappropriate behaviour should be dealt with formally, and staff affected should be offered the appropriate supports. Formal procedures will ensure everything is transparent and done properly.

2
We each need to take the responsibility as individuals to help solve this problem. We should all reflect on our interactions with other staff members. If we all take personal responsibility and make a conscious effort to always be respectful in our dealings with others, then bullying and harassment will become things of the past. At the very least, I can set a good example for those around me.

3
There is little point in reporting incidents of bullying, undermining behaviour and harassment. At best, nothing will happen, at worst you could be victimised and your career ruined. Medicine is and always has been a rigid hierarchy; you can't complain about your seniors and then expect to get a good reference. And anyway, why should the burden of dealing with this problem fall on the victims? We should find other ways to deal with this issue

4
Problems around bullying and harassment are often over-stated. As medics, we are constantly exposed to challenging behaviours, not just from staff but from the public as well. It's just what happens when you work in a high-pressure environment and learning to deal with this is part of being a doctor. We need to be resilient and take negative feedback and criticism on board, even if we don't agree with how it has been delivered.

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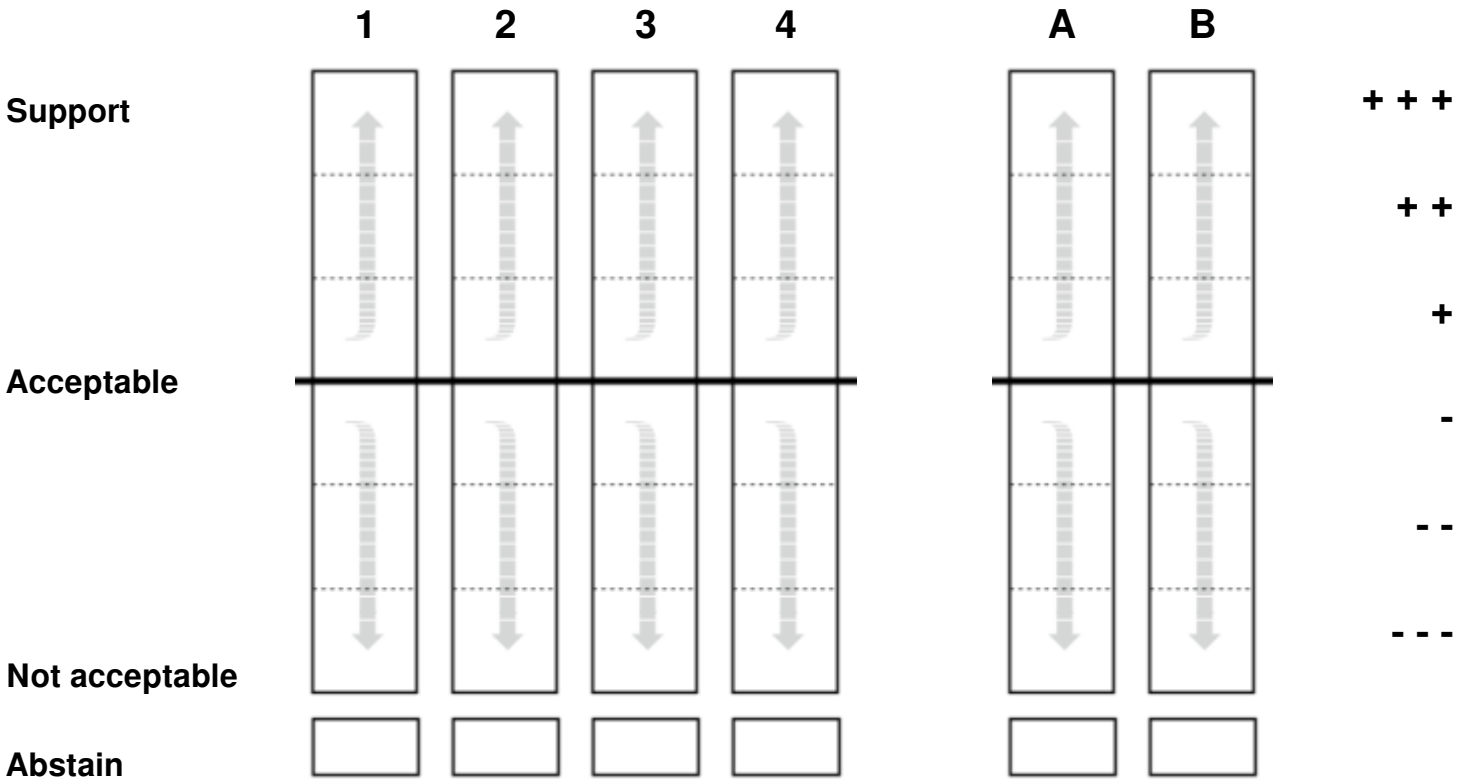
Policy positions for Teamwork and Collaboration in an Acute Hospital: Beaumont version



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