THE DAY THE HOOFBEATS WERE ZEBRA

GASTROENTERITIS that wasn’t...

Introduction/Aim

• Following the death of a patient in his 50s due to small bowel volvulus we explored our inter-disciplinary learning together with the late patient’s wife.
• We examined the impact of involving colleagues and patients’ relatives on the professionalism of doctors who have to deal with uncertainty.

Methods

• We present the learning outcomes from a case review of a patient (whom we called “Bryn”) who had been admitted with diarrhoea and dehydration.
• Bryn was diagnosed with small bowel volvulus with a significant necrosis and passed away from complications of this condition.
• The patient’s care involved input from Emergency Medicine, Acute Medicine, Radiology and General Surgery.
• Given that the diagnosis of Small Bowel Volvulus was not initially considered, the consultants involved undertook an additional multi-disciplinary analysis of contributing human factors that might have been involved in the case, and reviewed learning in relation to human factors.
• The patient’s wife, “Fiona”, was approached and invited to participate in developing the blog. She both contributed to the content, and co-edited it. Her name and that of the patient were change to preserve the privacy of their family.
• The learning was summarised as a #FOAMed educational blog for any clinicians, anywhere, disseminated publicly via Twitter (63k views & >1500 downloads so far) and other social media outlets.

Outcomes/Results

“Bryn’s Tale” reviewed the pathogenesis, radiology, clinical findings, treatment, human factors and, most importantly, the human impact of an unusual and tragic clinical case.

The learning was personalised and multi-disciplinary, and covered all four of the GMC domains for professional revalidation:
• Domain 1: Knowledge, skills and performance
• Domain 2: Safety and quality
• Domain 3: Communication, partnership and teamwork
• Domain 4: Maintaining trust

Most importantly, the process of producing this blog involved sharing clinicians’ doubts and learning with a patient’s family.

This process helped both relatives and doctors in their grieving about a patient whose life was lost. The participation of the patient’s widow, and public admission of uncertainty, might also positively affect unit culture. Feedback via social media was universally positive.

Conclusion

Asking patients’ families for help in reviewing difficult diagnostic and treatment decisions can be part of learning for health care professionals, and can also help to bring closure to all concerned.

The authors would like to thank “Bryn’s” family, particularly his wife “Fiona”, for their help and understanding. They are truly amazing.