Improving MET calls as a form of learning experience

Ratna Aumeer, Foteini Grigoropoulou, Rachael Armstrong, James Barrett

Problems identified

- Up to April 2017, medical SHOs did not attend MET calls.
- Only a small proportion of SHOs (those on Critical Care rotation) attended MET calls.
- SHOs including CMTs lacked opportunities for clinical experiences in dealing with acutely unwell patients.
- There is one Medical SpR on night shifts. Their time was mostly spent dealing with ward patients, and they were hence unable to focus on the acute take. This created difficulties with the workload distribution.

Changes implemented

- In order to prepare CMTs for their future roles as Medical SpRs, it was decided that one medical SHO would attend MET calls during night shifts, as a pilot study over a period of two months.
- Depending on their clinical grade and experience, the medical SHO had the opportunity to lead the MET calls, with or without SpR supervision.
- We conducted a survey to gain feedback to assess whether the change was perceived to be beneficial.

Results

62 replies were obtained from F1s, SHOs, SpRs, Consultants and Specialist Nurses.

There was positive feedback from all grades, mainly regarding better training and distribution of the workforce.

- 97% felt that it is useful for SHOs to attend MET calls
- 97% felt comfortable with SHOs leading MET calls under SpR supervision
- 65% felt comfortable with SHOs leading MET calls without direct SpR supervision
- 85% of SHOs who attended or led MET calls found it useful
- 93% of SHOs felt that not attending MET calls had negatively affected their training

Recommendations

One SHO should attend/lead MET calls, with SpR supervision if required.
A debrief and portfolio assessments should be conducted after each MET calls, as a learning tool for all members of the team.

- This will provide SHOs with greater experience, confidence and leadership skills in dealing with acutely unwell patients.
- There will be a better distribution of the workload, as the SpR will have more control over the acute take.