# The MITS Team has won the RCP’s 2018 Education

# Award for Excellence in Patient Care

## What is MITS?

* MITS stands for 'Making Insulin Treatment Safer'. It uses the SMAC2 reflective tool to help insulin prescribers develop 'situation awareness'. SMAC2 empowers prescribers to acknowledge when they are uncertain. It encourages them to seek information and supplement their personal resources by involving patients, fellow professionals, and seniors.

## Why is MITS needed?

* The glycemic control of hospitalised diabetic patients is often poor and 1 in 25 of them develops ketoacidosis or HHS after being admitted to hospital.
* At least two thirds of insulin prescriptions are written by foundation doctors. Usually FY1s, and usually without close supervision. Their error rate is high.
* The culture of clinical workplaces does not encourage FDs to acknowledge uncertainty; blaming and scapegoating occur.

## How MITS works

* SMAC2 stands for 'Situation', 'Myself', 'Act?', 'Check', and 'Check again'. This rule of thumb helps FDs appraise challenging situations and respond to them safely.
* Lanyard cards provide 'hot tips' to insulin safety and help FDs apply the SMAC2 rule of thumb.
* FDs use SMAC2 to analyse a situation that challenged them and (by appointment) participate in a 'case-based discussion' with a trained debriefer, who helps them identify learning points they can apply to future situations.
* MITS takes a systems approach to insulin prescribing. It identifies learning points from specific events.
* MITS does not blame but shows kindness and understanding. It actively involves patients in their own care and encourages doctors to work closer with other professionals.

## What MITS has achieved

* MITS has conducted case-based discussions (CBDs), which debriefed 113 FDs (including 40% of FY1s in NI) on educative experiences of prescribing insulin. MITS empowered them to prescribe more safely in future.
* To conduct those case-based discussions, MITS trained 58 doctors, pharmacists, nurses, and service users in empowerment techniques.
* MITS has analysed records of those debriefs to identify threats to patient safety and help FDs navigate these better in future
* This analysis has shown, for example, how day staff fail to prescribe insulin proactively and leave on-call FDs to do so reactively when senior help is least available.

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