Not the Nine o’clock News

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To paraphrase Andy Warhol, “We are all infamous for fifteen minutes” and we suffered our own quarter hour of infamy when our department featured in the national dailies and TV news. Bradford’s A&E department, according to the tabloids, was utilising child labour—a schoolchild had been discovered suturing a patient!

You could be forgiven for assuming that this was evidence of a poorly run department and yet, until this unhappy episode, we had been confident that our wealth of protocols and guidelines would render such a situation impossible.

As a large A&E department we have for a number years been part of the training programmes for paramedics. In addition, we have allowed sixth form students who are intent on entering medicine as a career to be observers in the department.

Sixth form observers were referred by their headmasters through the Bradford Hospitals Trust Work Experience Programme. Before starting in the department they were individually interviewed by one of our consultants. The students usually attended during working hours and sat in on consultant clinics, dressing clinics, and generally shadowed the doctors.

At the same time within the department we have often had fully certified paramedics who attended as part of a recertification course. The remit of their course was such that they were expected, on instruction by a doctor and with the consent of the patient, to perform invasive procedures, such as suturing and intravenous cannulation.

The students, on their first day, were instructed by the senior nursing and medical staff as to the ground rules. These included identification by wearing a yellow coat and a “Hospital Visitor” badge, having to introduce themselves verbally at all times, not performing invasive procedures, and never seeing a patient alone.

Tabloid copywriters have an uncanny skill with words and with the description “schoolboy” managed to conjure up a Richmal Crompton image, which could not have been further from the truth. The student was a very mature six foot six hulk who would have done credit as an international half back.

Having attended the department for several weeks, he requested permission to extend to Friday evenings in order to widen his experience. He was an intelligent and sensible young man, so his request was granted.

Unbeknown to the senior medical staff, suitably large yellow coats were occasionally in short supply. To overcome this problem he sometimes wore a shirt and tie with his Hospital Visitors badge on display.

One Friday evening, a patient who is a frequent attender with incised wounds was seen by an SHO. The student asked if he could observe the suturing of the wound. The SHO demonstrated the correct technique and allowed the student to put in two sutures under close supervision, which he did with the patient’s consent. Unfortunately, he simply described himself as a student, without specifying his preuniversity status. The patient was happy with the treatment she received and was discharged home.

Exactly one week later the same patient reattended with a different wound and was seen by another SHO, who sent the patient to be sutured by one of our trained suture nurses. This nurse had not met the student previously and allowed him to observe. The patient recognised the student and asked if he would be doing the stitching again. The nurse mistook the student, who was in shirt sleeves, for an army paramedic and asked him if he had been trained to suture, to which he replied that he had. At this point the student requested if he could suture the wound and the nurse agreed.

The sister on duty inquired as to whether the nurse had finished. To her astonishment the nurse told her about the “paramedic” who was finishing the suturing. She instantly realised the error that had been made and took the student from the suture room. The sister checked the wound and saw that the student had successfully inserted two sutures and the remainder of the wound was then closed by the suture nurse.

At this stage the patient was unaware of any problems and was happy with the result, so she was discharged back to her own GP.

As it was felt that no harm had been done, it was only reported to the senior sisters that a “near miss” had taken place. The senior nursing and medical staff then restated the ground rules governing work experience students to all staff, and arrangements were made to counsel the student in question.

Four days after the event a local reporter telephoned asking the Trust to confirm that
schoolboys had been stitching patients in our department! We directed her inquiries to our line manager. It was known that the reporter's deadline for that day had passed, so we had time to instigate a full investigation before a press release.

To our horror we discovered the story was true!

A full press release was made that evening, by which time the national newspapers and television had picked up the story and we became nationally infamous overnight.

The patient and a relative were recalled immediately to offer a full explanation and to review the wound, which was found to be satisfactory. We also stopped all paramedic and student attachments to the departments.

Disciplinary action was taken by Trust management against the SHO, suture nurse, and the sister involved.

Since this episode we have discontinued our work experience programme and paramedic training, to the impoverishment of our department. In the future we hope to reintroduce the paramedic training, but before this can be achieved we have to complete the compilation of more detailed guidelines. Furthermore, we will introduce written consent forms for any invasive procedures performed by trainees. We shall, however, not be reintroducing the work experience programme.

In light of our adverse experience other hospitals in the locality have realised that they too are at risk and have expressed an interest in the measures that we have adopted.

We are pleased to report that the department is now returning to normal and we are no longer the butt of our consultant colleagues' retorts.

This incident illustrates how the path to infamy need not be paved by obvious, major mistakes but can simply result from an accumulation of minor errors and omissions. It is also sobering to consider that the only person who did not to suffer in this whole episode is the patient, who we are led to believe received considerable financial rewards from the sale of the story to the press.