FCEM Management exam November 2006 Day 2

Papers for day 2 Robin Illingworth 26/9/2006

Score sheet Nov 2006 day 2	Score sheet

In tray papers

ED INFO day2	Your Emergency Department + your diary for today.
Neck injury	Email from SpR about reporting an accident.
Miscarriage	Complaint from Valerie Malton.
Major Incident documentation	Email "Registration of Major Incident patients".
Letter from Florence Stroud	Handwritten letter re nursing care and doctors' clothing.
Jess	Email from Staff Grade about her dog.

Fillers

RCP How to be a success as a new consultant	Notice of meeting.
Traum_conf prog.pdf	Conference "Trauma 2006".

Scenario

Chest drain	Email "Chest drain and locum consultant".

Your Emergency Department

60,000 new patients per year.

Medical staffing

Consultants	4	You are one of the four consultants. Today you are on the early shift, 08.00 - 16.00 hours. One of your colleagues is on leave, trekking in Bhutan. Another colleague is due to work the late shift today from 15.00 - 22.00 hours, then on call tonight. Your senior colleague is off sick after fracturing his hip. He has been replaced by a locum consultant who started work here last week. The locum was on call last night and will be on duty over the coming weekend.
Staff Grade	2	
Specialist Registrars	2	One SpR is away in London, doing an exam.
Clinical Fellows	3	
SHOs / FY2	12	

Your diary for today It is now 08.30 hours.

09.00	ED Returns Clinic (15 patients)
11.00	Weekly meeting with ED Matron and Business Manager.
13.00 – 14.00	Clinical Governance meeting about Risk Management.
14.30 - 15.30	Teaching ED SHOs “How to stay out of trouble”.

Email

From : SpR in Emergency Medicine
To : Consultant in Emergency Medicine

Subject : Neck injury

This evening a man walked in to the ED holding his head in both hands and clearly in pain from his neck. X-rays showed a hangman's fracture. Amazingly there was no neuro deficit and the neurosurgeons accepted him at the Infirmary. He spoke almost no English and we had problems getting info. As far as we could understand he is Estonian, called Paavo Reinson and age 40. He was apparently hit by something (perhaps a crane) while working on a building site. Someone drove him here in a van and left him in the waiting room.

Should we report this accident to the Health and Safety Executive or the Police ?
This patient is now in ward 27 at the Infirmary.

Regards

John

EM SpR

To the Doctor in charge

A&E attendance on Friday 27 October and Pregnancy Unit on Mon 30 October 2006

I am writing to complain about the way I was treated when I attended your A&E Department recently when I was 14 weeks pregnant and had started to bleed.
My husband drove me to the hospital and I arrived at about 20.30 hours. I was very distressed and losing blood, which was visible on my jeans, but this didn't have any impact on the receptionists on duty and I had to stand in the busy waiting area for my turn to register at the Reception desk. I appreciate that I may not have been a priority in their eyes but I feel that due to the delicate nature of my situation I should've been taken out of the waiting area or even allowed to wait in a side room.

I was eventually seen 2.5 hours later by a nurse who took a urine sample and my blood pressure and then asked me to wait to see the doctor.

After waiting another hour I was seen at midnight by a doctor who asked about my symptoms, how many weeks I was pregnant and then he felt my stomach. The doctor did show empathy but he then proceeded to tell me that he had some experience in gynaecology and he was 90 - 95 % certain that I had lost or was losing my baby.
My husband and I were distraught, we felt like our world had just come crashing down. I asked the doctor if I could have a scan and he said that I couldn't because there was no one qualified to scan me, and I would have to come back after the weekend for a scan. I was very upset and he said he was sorry I could not have a scan for three days and I would just have to wait and see what happened over the weekend. We left the hospital shocked and numb and, with having to advise our families that I was losing or had lost my baby it was the worst weekend of our lives.

I came back to the Pregnancy Unit as arranged at 11.30 am on Monday 30 October. The nurse there said they were too busy to scan me and I would have to come back on Tuesday afternoon but I burst into tears and refused to leave without a scan. I eventually had a scan at 16.00 hours on Monday and they found a heart beat and told me that I had not lost my baby. I was shocked and amazed and pleased, but I was very angry that I had been through so much worry unnecessarily.

I want to know why the A&E doctor told me on Friday that I had lost or was losing our baby when his diagnosis was based on assumption and nothing more. We should NEVER have been told this without real facts and without having a scan and listening for the baby's heartbeat. I think it was cruel to leave it three days before I could have a scan, and it was only done then because I refused to leave the Pregnancy Unit without having a scan. Why wasn't I looked after by a competent person and our minds put at rest at the first visit to hospital.

I would like my complaint to be taken very seriously and investigated and I want a full apology. I cannot really put into words the stress and upset which we experienced.

I await your response.

Valerie Malton
Email

From : Regional Emergency Planning Advisor
To : Consultant in Emergency Medicine

Subject : Registration of Major Incident patients

Dear Consultant

Please will you let me know details of your Emergency Department's plans for registering and labelling patients arriving after a Major Incident.

Do you plan to register patients immediately on a computer system or do you have pre-numbered packs of documentation ?

If you use pre-numbered documentation can you record a patient's Major Incident number on relevant computer systems ?

Can you distinguish between your hospital's Major Incident numbers and those of other hospitals which might transfer patients to you ?

Have your documentation arrangements been tested ? If so, how many patients were registered and were there any problems ?

I would be grateful for this information and any comments as soon as possible.

Yours sincerely

Regional Emergency Planning Advisor

Dear Consultant,

I am writing to express my thanks for the way my mother, Mrs Nora Stroud, was cared for in the Emergency Department when she had a stroke. All the clinical staff were extremely caring and I am pleased to report that she is making a good recovery since being admitted to the Geriatric ward. The nurses in particular were very attentive. This gives me particular pleasure since I am a retired matron.

On a less positive note I was concerned with the attire of a couple of your junior female doctors. Both were dressed in a manner more appropriate for a night out on the town rather than caring for patients. Their tops were small and tight and they showed a not inconsiderable amount of cleavage and midriff. Although they appeared to do their jobs satisfactorily I do not think their appearance instilled much confidence in the patient, it may, however have pleased several rugby players who were waiting to be seen. I hope you are able to point out the importance of professionalism to these young doctors.

Yours sincerely,

Florence Stroud

Email

URGENT

From : Jane Smith (Staff Grade doctor)
To : Consultant in Emergency Medicine
Subject : Jess

Hi !

I an due to work tonight and tomorrow night as middle grade in the ED instead of the SpR who is away doing exams. Is it OK if I bring Jess (my labrador) in to the ED overnight ? He is friendly and house trained, and if I bring his bedding he could sleep in the office.

I can leave Jess by himself for 7 or 8 hours but the night shift is 11 hours so I would be away from home for 12 hours which is too long for him.

My friend Ann usually looks after Jess when I do nights but she has gone to Cardiff today because her mother is ill. And the kennels Jess goes to occasionally is full.
So I'm a bit stuck.

Please will you let me know asap if this is OK ?

Cheers

Scenario for FCEM Management viva

Email

URGENT and CONFIDENTIAL

From : Emergency Medicine SpR
To : Emergency Medicine Consultant

Subject : Chest drain and locum consultant

There was a problem yesterday evening involving the new locum consultant (Dr Y) that I thought you should know about. I wanted to talk to you directly but I won't see you until Monday because I will be in London for the exams. So I'm sorry to have to write like this.

A 20 year old lady (Jemma Sinclair) came in with a spontaneous pneumothorax. The SHO who saw her asked Dr Y. I was busy with an arrest in Resus and only saw part of what happened, but I saw Dr Y put a chest drain in using the trocar. This clearly caused a lot of pain and there was blood and lots of bubbling in the bottle. This patient went up to the Chest ward while I was talking to the arrest patient's relatives, so I didn't see her x-rays then. Later, after Dr Y had gone home, the Medical SpR came down with the x-ray films. He said they had had to involve Thoracics and the pt had a thoracotomy for bleeding and a large air leak, and there was a round hole in the lung opposite the chest drain site. The SpR said the pt didn't need a chest drain and he wouldn't even have aspirated the pneumothorax because it was so small. I agree. Now this pt has a large thoracotomy scar and is on ICU.

I haven't seen Dr Y yet and he may not know about the outcome of his chest drain. His next shift on the rota is the Friday late shift before the weekend.

Regards

James

SpR in Emergency Medicine

RNI 24/9/2006

ROYAL COLLEGE OF PHYSICIANS

HOW TO BE A SUCCESS AS A NEW CONSULTANT

Tuesday 12 December 2006

at Royal College of Physicians,
11 St Andrews Place, Regent's Park, London NW1

This conference is aimed at new Consultant Physicians appointed within the last 5 years and Specialist Registrars approaching the end of their training. The programme will address some of the challenges faced by newly established consultants. Doctors from
'non-medical' specialities will also find this conference of interest.

09.00 *Registration and coffee*

09.30 **Welcome and introduction**
President, Royal College of Physician
Dr Bod Goddard, Chair, New Consultants Committee,
Royal College of Physician

- **Making a success of your job**

Chair: Dr Bod Goddard

09.40 **How to be a successful new consultant without trying**
Professor Sir George Alberti, University of Newcastle Medical School
10.00 *Discussion*

10.10 **Personal Development Plans**
Dr Ed Neville, Queen Alexandra Hospital, Portsmouth
10.30 *Discussion*

10.40 *Coffee*

- **Staying out of trouble**

Chair: Dr Bev Oates, Wirral Hospital Trust *(conference organiser)*

11.00 **Complaints and Litigation**
Dr Chris Evans, Medical Defence Union
11.20 *Discussion*

.30 **What every consultant needs to know**
GMC representative, (speaker tbc)
11.50 *Discussion*

- **Keeping yourself sane**

Chair: Dr Steve Stanaway, Wrexham Maelor Hospital

12.00 **Dealing with difficult colleagues**
Professor Roy Pounder, RCP Lead on EWTD
12.20 *Discussion*

12.30 **Normal stresses of the young consultant and their psychological effect**
Dr Rob Hale and Dr Antony Garelick, London
12.50 *Discussion*

13.00 *Lunch*

- **Looking to the future**

Chair: Dr Mashkur Khan, Epsom Ewell & St. Helier NHS Trust

14.00 **Patient safety in the modern NHS**
Professor Sir Liam Donaldson, Chief Medical Officer
14.40 *Discussion*

15.00 *Tea*

- **Question Time**

Chair: Dr Bod Goddard

15.30 **Panel**
Professor Sir Liam Donaldson
President, Royal College of Physicians
Professor Sir George Alberti
Dr Rob Hale
GMC representative

16.30 *Close of conference and reception*