

Management scenario 1

Timetable

It is now 0830 On Friday 9th December, and you are the duty consultant and Clinical Director of the Emergency Department at St Elsewhere's General Hospital. You work a 10 PA contract in which you are entitled to 2 half days per week in lieu of your on-call commitments, and your job plan is 0900 to 1700 hours.

Staffing

Consultants	4
Middle grades	8
SHO's	12

0900 to 1300 hours	duty consultant
1300 to 1400 hours	meeting with senior nurses re: MRSA
1400 to 1500 hours	teaching SHO's "the sick child"
1500 to 1630 hours	clinical governance group
1700 to 1800 hours	4 hour target group

Dept of Orthopaedics
St Elsewhere's General Hospital

To: Clinical Director Emergency Department

From: Clinical Director Orthopaedic Department

Re: Dr Timothy Dingle, SHO Casualty

Dear Dr,

I write to advise you to immediately cease the employment of this incompetent junior whom I have had the gross misfortune to have encountered. He seems unable to diagnose elbow fractures in children, and whilst I have already re-educated him on this matter, I feel that there is still too far to go, and perhaps he should be moved into General Practice where he can do no harm.

I am also informed that due to some ill thought-out rotation system for your future trainees that he will be coming to us in two months time. You can forget that, as we only chose the best graduates for orthopaedics.

Yours,

Mr J Strang, Consultant Orthopaedic Surgeon

Meadow Cottage,
High Leigh, Knutsford, Cheshire.

Dear Sir,

I write to you in disgust at the poor state of the toilet facilities at your hospital. Whilst I attended there in great distress with my recurrent gout, when I had to go to the Girls room, not only did I find that the facilities are non-segregated cubicles opening onto a common use corridor, the room available to me was stinking and unflushed.

Surely hygiene remains of the utmost importance in this day and age, as it was in my days of Military Nursing. As a retired Matron, I find it distressing that standards have slipped so, and I could still teach these young nurses a thing or two.

I look forward to hearing how you are going to improve matters, and if this is not to my satisfaction I shall take this matter further.

Yours truly,

Madeleine Dorner

Memo

To: Consultant A&E

From: Spr A&E

Re: Leave

Date: Friday 9th Dec

Dear Neil,

Sorry not to have communicated this earlier, but I am unable to do my week of nights starting Monday as I am skiing in Val Thorens tomorrow. My brother got us a last minute deal, and it was too good to ignore.

Bob Goody owes me a few shifts, and he said he could cover Wednesday to Friday inclusive.

I have put in a leave form if you would be so good as to sign it.

Thanks

Charlie

Dear doctor,

I just wanted to thank you for your efforts with my wife Nora, and say that I could see you and your staff did all you could for her. She had suffered for so long before, and I can rest now knowing she is at peace.

The funeral is at St Katherine's church on Friday 16th, and it would be an honour if you and your staff could be there. I doubt that there will be many others there, as most of our bowling friends have already passed away.

I look forward to seeing you. Many thanks again, you are such good people.

Mr Arthur Norris

Memo

To: clinical director

From: secretaries

Re: chief exec

Date: 9th Dec

The CE 'phoned yesterday and he wants a meeting this week. I think it's about FT status and PBL, but he didn't say and you know how he rambles.

He can only make evenings at 7-ish. You are on-call this weekend and Wednesday, and I've looked in your diary – it's all full 9 to 5. Can I put him in for tomorrow at 7pm?

Kathie

PS

A drug rep called about new IV cannulae. She says that the whole trust is moving to them, except us, and the risk management people recommend them. Her number is 0161 786 7431, and it's Caroline.

Marking notes (total 30)

Orthopaedic letter, 12 marks

See all of “poorly performing doctor” (i.e. Patient safety is paramount, speak to everybody, and in confidence, review/copy notes, enquire about patient, does it need to escalate? (MD, external, legal), have there been complaints, can there be appropriate retraining or re-education (courses, mentoring, guidelines), can clinical exposure be limited (area or time), are they unwell, D/W Dr for their perspective, “SMART” objective setting?)

Tone of letter

Ortho consultant has already spoken to him, which he has no right to do

Future employment/post grad involvement

Education, meeting him this pm

Hygiene complaint, 4 marks

Needs response with departmental Matron

Informal at present therefore no need to use complaints dept

Is there a problem? What can be changed? How much is your responsibility (public use them).

How is her gout? NOT the time to lecture on inappropriate attendance.

Meeting with nurse that day.

SpR leave, 4 marks

Is he still in the country?

Urgent, but can be partly delegated to sec

Disciplinary issue therefore look at past record

tone of letter

Letter of thanks, 4 marks

Check notes, condolences, pass on to staff. Can/should you attend the funeral?

Chief exec memo, 6 marks

What is the meeting about? Tone of secretary, workload that you have, are there any other times?

Rep is non-urgent, but use clinical gov group, is it a risk, do you need to change, what opportunities are there here, delegate for more info