FCEM Management viva.   November 2006

CONFIDENTIAL. SUGGESTIONS re ANSWERS and SCORING.

TOPIC	NEED TO PASS.	EXTRA MARKS.
Diary and in-tray papers. (score 0-4)	Note that you are the only consultant in the ED this morning. Consider delegating work if appropriate, eg Staff Grade or Clinical Fellow could do the Review Clinic and ask for help if they need it. Prioritise items sensibly, eg, urgent / non-urgent and important / not important.	Notice links between different items.
Informing Health and Safety Executive or Police about patient with neck injury. (score 0-4)	This was a serious accident, apparently on a building site, but a few details are known about the incident and where it occurred. The Estonian building worker is being treated for his cervical fracture but he is unlikely to know what should be done about reporting the accident, nor how he might get compensation. Ask the neurosurgeons how the patient is and whether they have reported the incident (which is unlikely). It seems sensible to discuss this incident by telephone with the Health and Safety Executive who could arrange to interview the patient with an Estonian interpreter. The HSE could then involve the Police if necessary.	The cervical spine fracture is a “major injury” reportable to the Health and Safety Executive under RIDDOR ’95 (Reporting of injuries, Diseases and Dangerous Occurrences Regulations). The employer is responsible for reporting this incident but the circumstances as stated by the SpR suggest that the employer is unlikely to report it. Confidentiality is unlikely to be an issue in this case, but the patient would not have to tell the HSE anything if he did not want to.

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Complaint from patient with threatened miscarriage. (score 0-4)	This is a formal complaint which must be passed on immediately to the Complaints Dept for acknowledgment, with a full reply from the Chief Executive within 25 working days. Review and copy the ED notes. Discuss the complaint with the doctor involved. This patient is understandably unhappy and angry, despite not losing her baby, and needs an appropriate apology.	Discuss complaint with ED Business Manager (who is usually responsible for ED Reception staff) and Matron (meeting at 11.00). This case is relevant for Risk Management meeting at 13.00 and also SHO teaching at 14.30. The ED doctor was too precise if he said “90-95% certain” pt had lost or was losing her baby, which she interpreted as 100%. Fetal heart monitor could be useful in ED. If ultrasound scan was availible at weekends much worry would have been avoided : discuss with Gynaecology/Raiology Depts.

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Documentation of Major Incident patients. (score 0-4)	Pre-Numbered packs of documentation are needed if many patients arrive together, since it would take too long to register them immediately on a computer system, but patients must be registered as soon as possible. Patients' Major Incident numbers must be compatible with the ED computer system and also with the hospital patient record system and Pathology, Blood Bank and Radiology computers. Major incident plans must be updated and tested regularly: NHS Emergency Planning Guidance specifies as a minimum requirement a live exercise every three years and a tabletop exercise every year.	The NHS Emergency Planning guidance includes advice on patient documentation. Major incident patients are likely to be distressed and may have been deafened by a bomb or may not speak English, so getting important details may be difficult and time-consuming. Ideally major incident patients would be flagged on the ED computer system so they can be identified, tracked and analysed in reports. Some patients may arrive before an incident is declared and need Majax flags adding later. Some patients not from the incident might be flagged incorrectly as Majax patients, so it must be possible to unflag patients.
Letter from Florence Stroud, retired matron, about nursing care and doctors' clothing (score 0-4)	This letter needs a prompt response from the ED consultant and Matron, thanking the retired matron for her kind observations about the clinical care and the attentive nurses, and stating that her letter will be shown to all the staff. They should also thank her for her observations on the doctors' clothing and promise appropriate action.	If possible a female consultant or SpR should advise the junior staff on the need for appropriate "joined up" clothing. It would be best to have all clinical staff in proper uniforms or scrub suits which look professional and reduce the risk of contamination. Funding these for all staff may be difficult. Check with Elderly Medicine what has happened to Florence Stroud's elderly mother : if she has dies reply letter should offer commiserations.

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Staff Grade's request to bring dog Jess into ED overnight (score 0-2)	A prompt response is needed since this doctor is due to work tonight. It would be easiest to say yes, as long as Jess would not be seen by patients and no one who uses the office if allergic to dogs, but other staff might complain, eg about infection risk (which is small). Allowing the doctor to bring her dog into the ED would create a precedent which might cause problems in future if other people wanted to bring in animals, but in practice this is unlikely.	If Jane comes by car she could perhaps park outside the ED and leave Jess in the car overnight, with occasional walks around the car park. If the middle grade doctor on the earlier shift worked later and the next day doctor started earlier, Jane could work a shorter shift and leave Jess at home overnight, but this would be awkward to organise for tonight and would only be possible if the doctors get on well and are prepared to help each other.

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Scenario Locum consultant and the chest drain. (score 0-12)	This raises serious concerns about the locum consultant's judgment and competence. If the facts are as stated a chest drain was not needed, and the lung was damaged by the trocar (which should not have been used). Review and secure this patient's ED notes and make good copies. Discuss with ICU consultant how the patient is now and what has been said to pt and relatives. Reviews chest X-rays. Find which SHO and nurses were involved and discuss with them to confirm what happened. Ask middle grade doctors and senior nurses if they have had any concerns about Dr Y. Arrange to talk to Dr Y as soon as possible. At least two other consultants shouldbe present for any discussion with Dr Y, and detailed notes must be taken. Consider informing Clinical Director and Trust's Medical Director and discuss whether this incident should be reported formally as a Serious Untoward Incident. Risk Managent Dept should be warned of a potential claim for negligence.	Copy hospital notes (especially medical and nursing notes after admission from ED, operation notes and observation charts). Copy the x-rays taken in ED and make sure the original films are kept securely. Check the British Thoracic Society guidelines on the management of spontaneous pneumthorax and the insertion of chest drains, and print these and ATLS chest drain procedure before any discussion with Dr Y. Find out what size chest drain was used and keep one or two of the same size (with trocars) for referance. Warn the ED SHO and nurses involved that they should not discuss the cae in the ED, but reassure them that they are not being criticised. Reviews Dr Y's CV and refrenced. Review DrY's notes of some other patients. Consider telephoning consultants at other ED's where Dr Y has worked to ask about any concerns. Depending on all these findings it may b necessary to suspend Dr Y from his locum post and infrom the locum agency.